

THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT

JOURNAL CONCENTRATION

With this issue of the JOURNAL, the printing and the advertising of the magazine, with all the business pertaining thereto, is transferred to Rochester. The publishing and the advertising are to be in our own hands and we are to have but *one address*, 45 South Union Street, Rochester, N. Y., for all communications sent to the JOURNAL.

The contract made four years ago with the Waverly Press of Baltimore was binding for five years, but the cost of paper and of all kinds of labor have so advanced that the publishers were carrying on our business at a loss to themselves. At its fall meeting, the Board of Directors of the JOURNAL decided, taking all conditions into consideration, to release the publishers from the contract and in doing so, they also decided, should it prove feasible, to concentrate the JOURNAL work in one place, as has never been done before, and to place all departments under the supervision of the editor-in-chief, who is the business manager as well.

The advertising is so necessary for the financial support of the JOURNAL and for its future development that we are appealing to our association members for their assistance in this branch of the work as we have had it through all these years in the editorial and subscription departments.

MISS ANTHONY'S VISION REALIZED

We are placing before our readers the portrait of Susan B. Anthony, in commemoration of the wonderful suffrage victory which has come to the women of New York State. This is the direct result of Miss Anthony's vision which it has taken sixty-five years to make a reality. Where is there another instance in the history of the world where the ideal of one woman has permeated to the ends of the earth and, even where equal suffrage has not yet been attained, has changed the legal and social status of women?

In bringing the entire work of the JOURNAL to Miss Anthony's home city, we are concentrating in Rochester the biggest professional woman's enterprise the city has ever known. Miss Anthony knew of the JOURNAL

in its early days and was personally interested in the struggle nurses were making for legal recognition. We wish she might have lived to give her blessing to the work.

FOOD CONSERVATION

We think almost everyone understands the reason for food conservation, but for those who have not been in a position to hear it explained, we want to emphasize several important points.

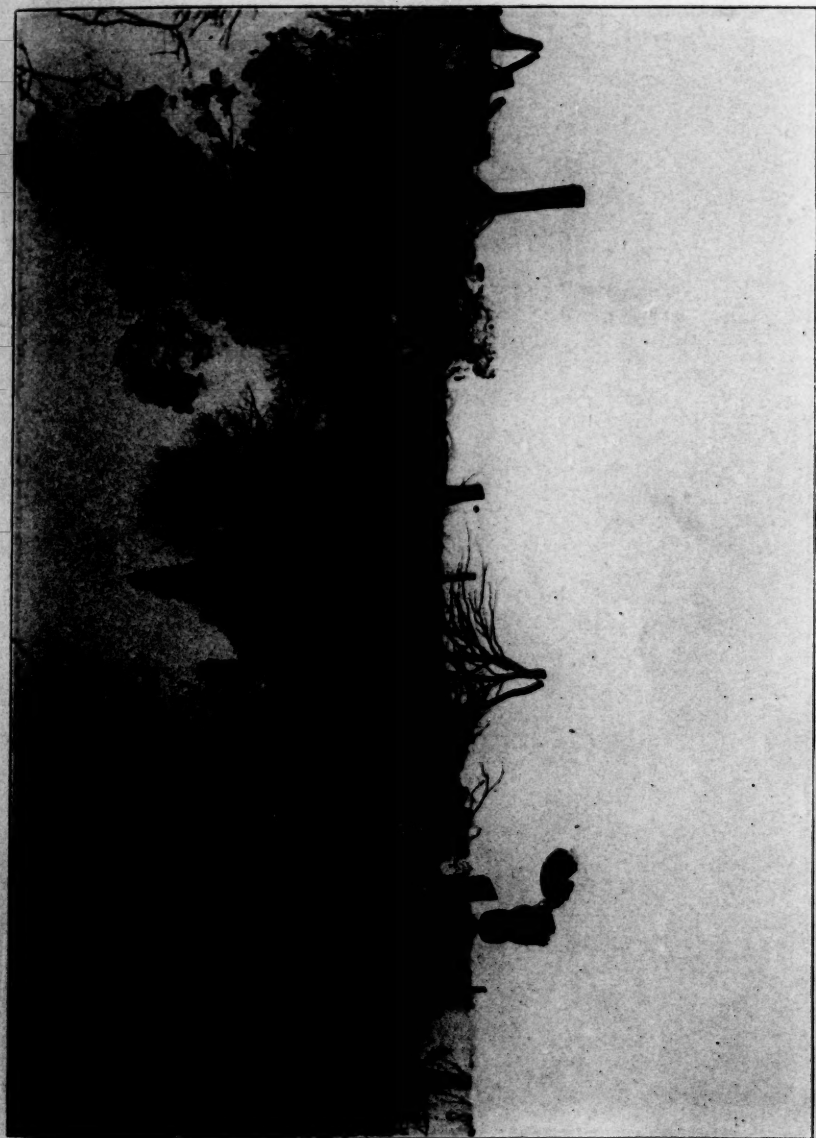
First, it is not because of the matter of cost, alone, that we are asked, for instance, to substitute corn meal for wheat flour once a day, but because there are no facilities for grinding corn in the warring countries and corn, after it is ground, cannot be transported or kept for any length of time without spoiling. The same principle applies to meat. Certain kinds of meat can be transported and are necessary for the welfare of the troops on the firing line, while other varieties do not have the same food value for fighting men. Poultry, rabbits, fish, etc., are perfectly good food for people at home, but cannot be transported in the same compact form as can beef, mutton and pork. No one claims that, taking into consideration the cost of fuel and other materials needed, these wheat and meat substitutes are cheaper than the articles they replace, but they do release those things that are so necessary for the fighting forces in Europe.

We think many of the older people who are carrying out the directions for wheat conservation are simply going back to the customs of their grandparents, all of whose bread was made in the home, and to whom corn bread in its different forms, graham or rye bread or griddle cakes were an every-day article for the morning meal of the household. We have grown out of the habit of utilizing the products of the soil, which are near at hand, because of the greater ease of preparing white flour for food and especially because of the ease with which all varieties of white bread and rolls, cake and pastry, can be procured, ready baked, even in the country villages.

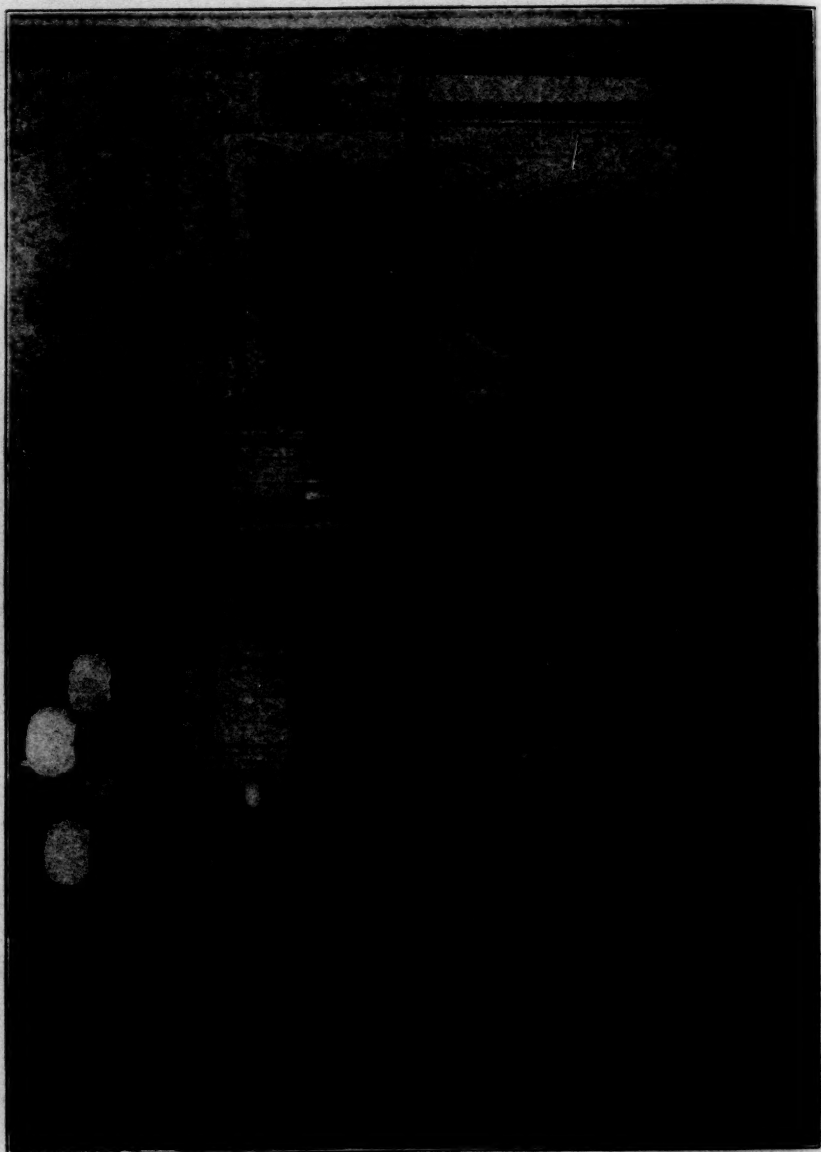
The effort for food conservation is stimulating in the younger women an interest in food preparation comparable to that which they are showing in knitting, which had become almost a lost art.

Women who are in hospital positions must see to it that proper substitution is used and not merely elimination of those things which are important for conservation. Pupil nurses, like children, are constantly active and are very important members of society, moreover most of them are young women for whom the lowering of the food values of their diet would be most disastrous.

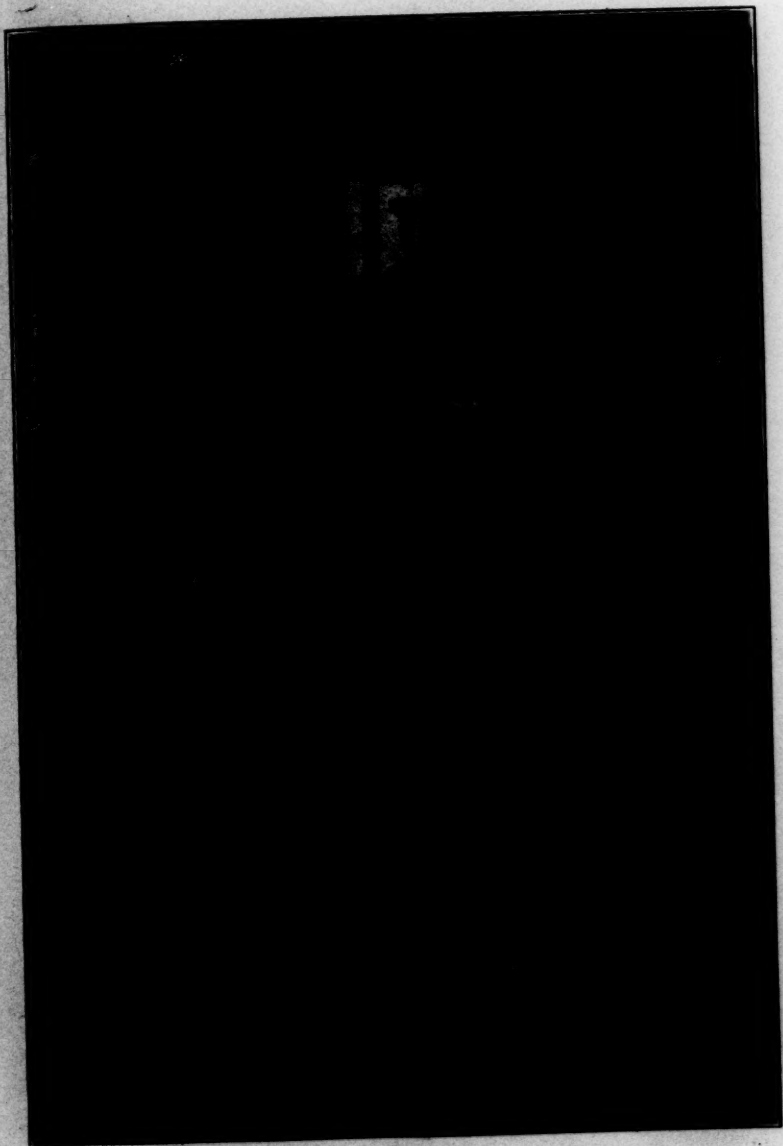
Nurses in private duty and those in the various public health activities are in a position to act as teachers, in more ways than it is possible to



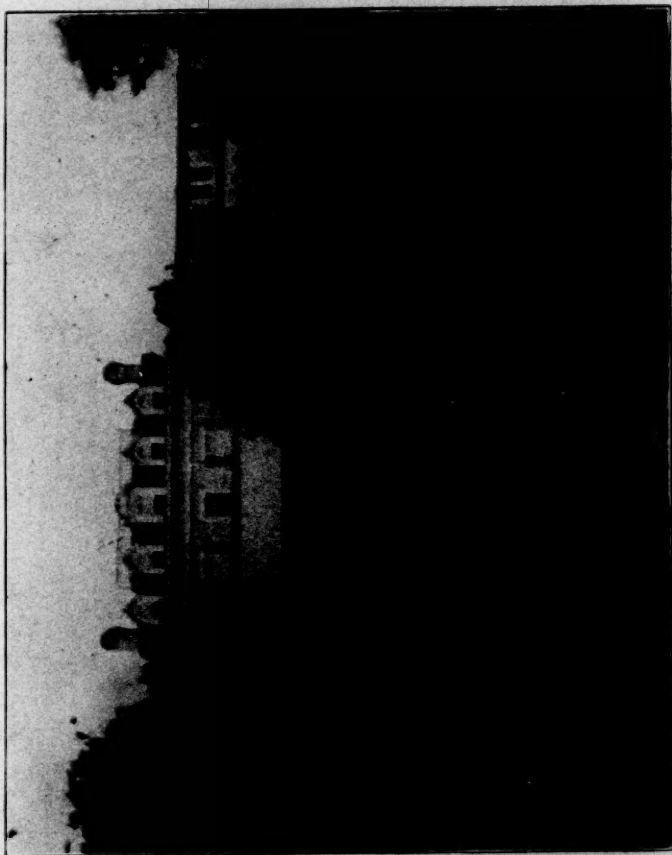
WINTER SCENE OF THE HAVEN COUNTRY CLUB
Showing Coasting Hill Where a Good Speedy Start Sends the Coaster One-Quarter of a Mile Down the Hill



DINING ROOM HAVEN COUNTRY CLUB



STAIRWAY IN THE HAVEN COUNTRY CLUB



EAST VIEW OF HAVEN COUNTRY CLUB AND THE NEW WEST WING

enumerate, and so to help forward the campaign for food conservation. They should especially emphasize the importance of not depriving growing children of milk, sugar and butter, the last being the normal form of fat for the child.

Without going to the extremes of sacrifice in the homes of either the rich or the poor, the small savings which each person is asked to make can be accomplished without detriment to health and taken together will make the magnificent whole which the Government is hoping to secure, not only for the people in the warring countries, but for our own men under arms.

THE HAVEN COUNTRY CLUB

In April, 1914, we made mention in this department of the establishment of the Haven Country Club, at Nyack-on-Hudson, just three months after the house had come into the possession of the Committee having it in charge. It is interesting to note that at the beginning of its fourth year the Club has a growing membership of over nine hundred professional women. Never before has the life of a nurse been so strenuous as at the present time and never has she so needed a place of retreat, such as this, where she may find congenial companionship with groups of women of kindred professions, under conditions of comfort that are within her means.

The original house having proved inadequate, the directors decided, in spite of war conditions, to build an annex which is just now nearing completion, as is shown in one of the accompanying illustrations. With this new wing, the capacity of the house will be doubled. JOURNAL readers who are within reach of the Club are invited to become members, to test its hospitality, and to enjoy the wonderful walks and drives of this picturesque part of the Hudson. It is to be remembered that other professional women as well as nurses are given an opportunity to join the Club and those specially interested are invited to become bond holders. One attractive and unusual feature is that members may take guests with them or, if unable to accompany them, may send them to enjoy its hospitality. Professional women who are sufficiently interested to investigate its workings, are invited for one visit, though not members. The house is open all the year round and the place is fully as attractive in its winter garb as during the summer season.

NATIONAL DEFENSE COMMITTEE SUPPORTS NURSING STANDARDS

Officers of state associations and of examining boards, chairmen of state committees on nursing, and others, are having sent to them a copy of Circular No. 65 of the Council of National Defense, the original of which was issued by the Woman's Committee and was sent to the chairmen of the Women's Committees of the states. Many of our workers whose time

is limited may not read this circular carefully and others, who have not kept closely in touch with the work of the Council of National Defense from the beginning, may not understand its importance to the nursing profession.

Briefly stated, the object of this circular is to put a check on the effort to establish short courses of training to meet the demand for nurses during the war, and to bring pressure upon the eligible young women of the country to enter the regular schools of nursing, meeting state requirements, and to complete the full nursing course, so that they may fill the places of nurses who are at the front or who may become incapacitated for active service when the war is over.

We do not need to state what is known to our women everywhere, that the greatest menace the war is bringing to our nursing standards is the movement started in almost every state by ill-advised people to establish nursing courses of a few months' duration. The council of National Defense, through both its men's and women's committees, has declared itself against this movement. Superintendents of nursing schools who need support in combating such efforts may obtain copies of this circular from Annie W. Goodrich, Teachers College, New York.

How strange it is that in a time like this, communities that are accustomed to providing the best medical and nursing skill and the most comfortable accommodations for the lowest classes of their slum citizens, should feel that anything but the best is good enough for their own sons and daughters who are risking their lives for the defense of the democracy of the world.

APPOINTMENTS FOR THE INTERSTATE SECRETARY

The interstate secretary, Adda Eldredge of Illinois, has now started on her journeying over the country, her first appearance after her appointment being at the New York State meeting, which she attended unofficially, but where, upon invitation, she gave a short, spicy resume of her plans. Her appeal for the JOURNAL, among other things, was so effective that it brought forth an unusual number of subscriptions.

Miss Eldredge's first official visit was to the New Jersey state meeting, on November 7th, followed by a tour of that state. Her itinerary for the whole country is not complete, but at the present time she is covering the New England States.

The most effective way for the interstate secretary's work to be done, as we have said before, is for meetings to be called for special groups of nurses of any given city or section, either of graduates or pupils. We want to remind the nurses of the country again that plans for her visits cannot be arranged at short notice by night letter or long-distance telephone,

but must be decided upon long enough in advance to give time for a proper adjustment of her schedule. For instance, if she is engaged to speak in A. on one day, and in C. on the next, she cannot, in response to a telegram, sandwich in a stop at B. *en route*. By not being forehanded, the nurses of B. may lose their opportunity to hear her. She should not change her plans or dates on short notice to meet the wishes of any one special group of people.

JOURNAL SUBSCRIPTIONS AND MEMBERSHIP DUES

A short time ago, word reached us that the Alabama State Association had decided to include the JOURNAL subscription in its dues. A number of alumnae associations in different parts of the country have followed this practice for some time. Alabama, however, has the honor of being the first state to follow the suggestion made by the directors of the American Nurses' Association that this should be done. As we go to press, a brief statement is received that the Illinois State Association has taken the same action. We hope this is the beginning of a country-wide movement which will not cease until the AMERICAN JOURNAL OF NURSING is in the hands of every member of the American Nurses' Association, just as the Journal of the American Medical Association is in the hands of every member of the American Medical Association.

A TRANSFORMED CHRISTMAS

Most of us have grown up with a feeling that Christmas is a time for home festivities and for the interchange of gifts with specially near and dear friends. This Christmas finds us, as a nation, joined with half the civilized world in a struggle for freedom and democracy, hence the Christmas spirit is being expressed in a new form, that of providing not only necessities, but comforts, and even luxuries, for our own Red Cross nurses, as well as for our soldiers, on the firing line or in the camps in this country. With the present cost of living, this form of giving appeals to us, for by uniting in groups with others, or by contributing through the Red Cross or some other channel, we can help to swell the amount sent, when, perhaps, our individual gifts, would seem meager. In reading Miss Noyes' suggestions for gifts to nurses, in the Red Cross Department for November, and in pondering on the suggestions made by Miss Fitzgerald and a Red Cross letter writer in this issue, we can judge pretty fairly the kind of things that would be acceptable, but we must not become so absorbed in our efforts to lighten the burdens of those engaged in actual warfare as to forget the little children who have always been our care at the Christmas season.

TO NURSES PREPARING FOR ACTIVE SERVICE

BY ALICE FITZGERALD, R.N.

Edith Cavell Memorial Nurse from Massachusetts

After nineteen months of work in military hospitals, with excellent opportunities for seeing and studying people and conditions of the nursing world, I should say that endurance and tact are the most important qualities for a war nurse to possess. There are naturally many other qualifications which one should have, such as a good training, some additional experience, good health, a bright disposition and an endless supply of patience, but these would be almost useless if the first-named, endurance and tact, were not present.

Anyone intending to volunteer for active service should spend a "thought hour" of self examination and see if she can answer such questions as these: Are you ready to give up many of the personal comforts which, up to the present time, you may have looked upon as mere necessities, but which will become impossible luxuries? Are you prepared to leave home for an indefinite period with only about half as much luggage as you generally take on a month's vacation and to do without many of the things which you have always thought essential to your well-being? Are you prepared to face damp and cold so intense and persistent that some days you will seriously doubt if undressing will be possible? And when this difficulty has been overcome and you have tucked yourself under as many covers as you can stand, you begin to wonder if you will ever be able to get up and dress when the morning comes! Your hot water bag becomes cold in a very short time, your tent walls and bed covers are soon covered with frost, and you are lucky if your discomfort is not made worse by chilblains which are "punishing" you dreadfully for having covered them up and tried to make them warm. The cold is just as bad in the huts and also in many of the billets, but fortunately you do not have to worry about the patients for their tents and huts are heated by coal stoves and are usually most comfortable.

By day, also, the cold may be so intense that your hands are blue and numb, but the work has to be done and sometimes you will have to check tears of real suffering and do your duty.

Your laundry will be a great problem; for weeks at a time you may not be able to have any done and a good supply of rubber collars and cuffs will be very comforting.

Do you fully realize how much work there is to be done and how few there are to do it? And off-duty time is very naturally not considered until all the day's work is done. In busy times, your day's work will go

well into the night, and yet you will start again at the usual time the next morning.

It will be most necessary for you to leave all "food fads" at home and your well-being will depend upon your readiness to eat what is put before you, and not mind if your tea or coffee must often be taken sugarless. Your personal independence must be placed under control before sailing, for you become members of the military body under whose strict rules you will work; this, of course, is most necessary and no right-minded person would object to discipline, but some do, and the fact, for instance, that a camera is forbidden, makes it the most longed-for article imaginable, also the fact that a place is "out of bounds" makes that place the most desirable spot you know.

All these points are very personal, and perhaps trifling, in comparison with the work to be done, but of such small things is life made up!

Many can put up with discomforts for a time, but are you prepared to "stick it out?" That is the question you must answer. Endurance means all this as well as the power to work under the double physical and mental strain that accompanies war nursing. The physical strain is somewhat limited by the number of hours in your working day or night, but the mental strain cannot be measured in hours; it is always with you, for you never get away from the war atmosphere.

The wounds which you will be called upon to handle and dress are such that you have never imagined it possible for a human being to be so fearfully hurt and yet to be alive. If the man is seriously crippled or disfigured, it will be well to try not to think too much of his wife, of his children, of his parents, who are anxiously waiting for news of him "over there." If the wounded man is going to die, shall you be able to keep out of your mind the waiting mother or the wife to whom the postman's knock will mean the bearing of the sad news? And when these thoughts are with you most of your waking hours, and many of your sleeping ones, you begin to wonder how it will be possible to face another day of it.

Fortunately, however, there is another side of the work which makes it possible to face each day. There is the man who is getting better and who is happy at the near prospect of getting home; there is the man whom you did not expect to pull through who, by miracle or care, is going to recover; there is the man whose brave deed is immediately rewarded by the formal presentation of a war medal and the whole ward is glad with him and is cheered by the episode; there is the man whose wife and baby have been allowed to come out and see him, and every man in the ward smiles when the baby smiles and longs to pet it and quiet it when it cries. An eight-months-old baby and about sixty ardent but wounded admirers make up a picture which I shall never forget. What volumes could be

written on the memories awakened by that little mite of humanity! Such are the events of the day which sheer one on to renewed efforts and which act as a tonic to one's endurance.

Tact, which I consider second only to endurance, will help you over many a rough road. It will often require all the tact in your possession to set aside the teachings and habits of years and gracefully take to new methods and ways of doing things. To get on harmoniously with a large body of women who may be as set in their ways as you may be in yours, or as sure that they are right as you may be that you are, will be a severe test of your supply of the harmonizing spirit of tact. We graduates are no longer probationers in spirit and enthusiasm, but we must adopt that spirit and enthusiasm which we laid down, shall I say, in our second year of training or before, perhaps, and replaced by the more staid and plodding spirit of senior rank.

In dealing with the medical profession it will be news to no one if I say that you will need much tact.

The patient must be our first and last consideration, and our opinions, our grievances, our desires must be kept in the background; this may often require more tact than you might think necessary. Seniority cannot be enforced and the junior will be doing senior work and the senior will find herself doing junior work, but this must make no difference, for anything that is worth doing is worth doing well, and you must be prepared to "do your bit" wherever you find it.

As to other qualifications, I need not stop to explain why a good training is necessary, and the broader it has been the more useful you will be in your new work. Additional and varied experience will add to your adaptability and to your facility for working under new and difficult conditions; it will assist you in improvising means and methods.

Good health is essential. You must remember that your hands are going to be quite full enough without having to worry about yourself and no one else will have time to do so. By this I do not mean that you will not have the ablest and kindest care if you need it, but I do mean that you should start with "a good bank account of health." Set all vanity aside, if such prudence can be called by that name, and provide yourself with all the "warm woolies" you can, even though you have never worn them before. I would not like to say how many layers of clothing I had to put on during a winter under canvas.

A bright disposition should accompany the above qualifications and it is a great asset under the depressing conditions of endless processions of stretchers coming in and going out, depositing wounded and taking them farther on. A ready smile and a cheery word will greatly brighten the atmosphere and will soon become a habit and you will feel amply repaid by the responsive smile of the ever bright and cheerful wounded soldier.

Patience!!!! bring it all with you and if you have not much of it, beg, borrow or steal some. The patient who wants to be turned on the left the moment after you have made him comfortable on the right; the patient who wants the back rest put up the moment you have taken it down; the patient who waits until you have made his bed and moved away, to call you back and tell you that his heel has been pressing on the splint all day; the patient who makes it his duty to ask you for something, anything, just because you are passing him with about ten other things in the doing, one and all sick men, men you cannot treat impatiently, but who at times tax all the patience you possess. You do not grudge the time you spend in making them comfortable, but you have to think of the other fifty or more patients who are under your care and you wonder how you are ever going to do it. It is very discouraging at times.

Have I painted the picture in tones too dark? I did not intend to do so, but could not truthfully and conscientiously use the rose tones alone.

If you feel that you can answer the call and see it through to the best of your ability, and in spite of all the hardships, you will find it the most satisfying work you have ever done and you will never regret having undertaken it. But, no one need to come with the idea of seizing this opportunity of seeing the world, for she will be most deeply disappointed. Our life here is restricted to work, and our leisure hours are spent more or less in the same atmosphere, for at every step we are reminded of our work. While in the hospital the effects of war are constantly under our eyes; when out of the hospital the military, the convoys, the supply lorries, the ambulances, etc., keep war as a reality ever before us. If we shut our eyes, the distant guns remind us that blood is being shed and that peace is nothing more than a word, a mere sequence of letters whose meaning seems harder to grasp each day.

These few lines have been written in a spirit of encouragement, for I long to see our nurses standing for quantity as well as for quality on the soil of France.

KOREAN FIRST AID

Delia M. Battles, a missionary nurse in Haiju, Korea, writes:

Patients come to our hospital with compound fractures, abscesses, burns and wounds to which have been applied dirty rags, snakes, puff balls, plaster, leaves, oil paper, tobacco and manure.

In Korea, whooping cough is called the "donkey cough."

When a baby is born in Korea, no dressing is applied to the cord, which probably accounts for a great many umbilical hernias. These people believe that the longer the cord is left, the longer the child will live. I found one twelve inches long.

MEDICAL JURISPRUDENCE¹

BY HENRY MONROE MOSES, M.D.

Brooklyn, New York

Occasionally, the question is asked why nurses should be compelled to devote a part of their time to lectures on medical jurisprudence during their training. It is of importance for the nurse to know something about law in general and the application of the laws involving medical questions. It is important, also, to have some conception of the relation of the physician to his patient; of the obligations of the patient to his physician; of the relations and obligations of the hospital to the community and to its patients. To the nurse who contemplates administrative work, this knowledge is essential. Law with its enforcement constitutes the foundation of society and is necessary for the life of any organization.

Law, in its widest sense, is a rule of action prescribed by a superior, which the inferior is bound to obey.² Law, in its technical sense, is a rule of civil conduct, prescribed by competent political authority, commanding certain things as necessary to, and forbidding certain things as inconsistent with, the peace and order of society. Law in this latter sense, is of two kinds, international and municipal. International law is that rule of civil conduct which is prescribed by the common consent of the nations of the world, and regulates their intercourse with one another. Municipal law is that rule of civil conduct which is prescribed by the supreme power in a state, and regulates the intercourse of the state with its subjects and of those subjects with each other.

American municipal law is of two kinds, Federal and State. Federal law is that rule of civil conduct which is prescribed by the supreme power in the United States, and regulates, in matters of a national character, the intercourse of the Federal government with the people, and of the people with each other or with citizens of foreign states. State law is that rule of civil conduct which is prescribed by the supreme power of each individual state and regulates, in all matters not of a national character, the intercourse of such state with its own people and of its people among themselves.

Unwritten and written law. American municipal law is, as to its origin, of two kinds, unwritten and written. Unwritten law, known also as common law, is that rule of civil conduct which originated in the common wisdom and experience of society, which in time became an established

¹ Lectures delivered to the junior class of nurses of the Norwegian Lutheran Deaconess Hospital Training School, Brooklyn, N. Y.

² I am indebted for legal definitions to the excellent work by Hugh E. Calbertson on *Medical Men and the Law*.

custom, and which has finally received judicial sanction and affirmance in the decisions of the courts of last resort. Written law is that rule of civil conduct which has been prescribed directly, in so many words, by the supreme power of the state itself.

The United States, as such, has no common or unwritten law. When its courts are called upon to administer the principles of that law, they are guided by it as it exists in the state where the cause arose. In the individual states, except one, the courts have assumed, or the legislatures or constitutions have declared, the written and unwritten law of England, as it existed at the time of the Revolutionary War, to be the common law of such states, so far as it was applicable to the situation of their people.

The written law of the United States consists of the Federal Constitution, the Acts of Congress, and the treaties made by its authority. The written law of each individual state consists of its constitution and its statutes.

The law protects health as follows: (1) By giving to the party whose health is endangered, the right to remove the cause of danger, whenever this can be done without disturbing the public's peace; (2) by punishing, as criminal offences, those actions or omissions which endanger health; (3) by giving compensation to the injured person in a suit at law; (4) by compelling the person in whose actions or omissions the cause of danger has originated to remove it.

Jurisprudence is the science of law, or it is the body of laws existing in a given state or nation. Medical jurisprudence, sometimes called forensic medicine, is the science which applies the principles and practice of the different branches of medicine to the clearing of doubtful questions in a court of justice.

The duty of the physician to his patient. In the relation existing between the physician or surgeon and the patient, there is an implied contract which requires that he shall use ordinary skill and knowledge in any case. There is no implied contract that he will effect a cure. He is under no obligation to accept a call, and it is not until he accepts a person as a patient that his duties and the corresponding obligations arise. Upon consenting to treat a patient it becomes his duty to use reasonable care and diligence in the exercise of his skill and the application of his learning to aid the patient. He is expected to have and to use the ordinary knowledge and skill of the present time, in other words, to have the accepted knowledge of the practices of the present time. He must use his best judgment, but he cannot be held liable for an error of judgment if he exercises ordinary care and diligence with a patient. Ordinarily, good judgment is necessarily implied in the possession of ordinary skill. The physician is not responsible for errors of judgment, for mere mistakes in cases of reasonable doubt and uncertainty.

The employment of a physician continues while sickness lasts, unless terminated by the assent of the parties, or revoked by the express dismissal of the physician. Where the employment of the physician has been terminated, he may refuse further attendance and such refusal will not justify the admission of evidence that the same amounted to improper treatment. A physician who leaves a patient at a critical stage of the disease, without reason, or sufficient notice to enable the party to procure another medical attendant, is guilty of a culpable dereliction of duty.

A physician is not required to be infallible in diagnosing diseases, so that the fact that a patient's disease was different than it was diagnosed is not evidence of negligence. It is the duty of the physician to inform the patient, or those having charge of him, as to all reasonable instructions concerning the treatment and care of the particular case, not only for the period during which the physician is attending the patient, but also for the period of convalescence. The physician, however, is not bound to anticipate and advise against improbable conduct on the part of the patient. The failure to give any instruction when such instruction should be given, or the giving of erroneous instructions will render a physician liable for malpractice, if injury results.

It is the duty of physicians who are attending patients with infectious or contagious diseases, when called to attend other patients not so infected, to take all such precautionary means as experience has proved to be necessary to prevent its being communicated to other patients. The law requires the use of all possible care to prevent the spread of smallpox and other contagious diseases.

So intimate is the knowledge which comes to the physician in a professional way concerning a patient, that nearly all of the states have enacted statutes forbidding the disclosure in evidence, against the will of the patient, of information acquired by physicians in this professional capacity.

The transference of gifts of value from a patient to a physician is always looked upon with suspicion, the probability of undue influence is always inferred; in such cases it is the duty of the physician to show expressly that the gift is made without any suspicion of undue influence.

The duty of the patient to his physician. It is the duty of the patient to coöperate with his physician and to conform to his prescriptions and directions; if he should neglect to do so he cannot hold the physician responsible for his own negligence. A patient cannot recover, when, by his own acts, he has rendered it impossible to determine whether the suffering and pain complained of were caused by his own negligence or not; for example, when by his own voluntary act he leaves the hospital before he ought to do so, and makes it impossible to tell whether or not he would have been cured had he remained.

The most common form of contributory negligence on the part of the

patient is that in which he disobeys the instructions of his physician; for it is the duty of a patient to coöperate with his physician and to obey all necessary instructions. So, if a surgeon tells his patient to visit him again as soon as he feels any pain and, though he felt pain for a week, he did not return according to the instructions, the surgeon is exonerated for the resulting injury. If a physician requests the employment of another physician for consultation and to assist in administration of an anesthetic, and the patient refuses or neglects to secure it, the physician will not be liable for the permanent injury resulting, when such assistance would have rendered the injury only temporary. Likewise, if a patient who is directed by his physician to observe absolute rest as a part of the treatment of an injured foot, negligently fails to observe such direction, or purposely disobeys the same, he cannot recover if such disobedience proximately contributes to the injury of which he complains.

In statutes prohibiting work or labor on Sunday there is usually an exception made in favor of works of charity or necessity. It has been uniformly held that the employment of a physician and a promise to pay him is not unlawful because made on Sunday.

Malpractice. Malpractice is the negligent performance by a physician of the duties which have devolved and are incumbent upon him on account of his contractual relations with his patient. Criminal malpractice is that branch of malpractice in which the state initiates the proceedings under the provisions of the criminal law. Wilful malpractice is the deliberate administering of medicines or the performing of an operation by a physician which he knows and expects will result in damage or death to the individual under his care, as in the case of criminal abortion. Ignorant malpractice is the administration of medicines calculated to do injury, which do harm, and which well educated and scientific medical men would know were not proper in the case.

The law relating to malpractice is simple and well settled, although not always easy of application. By accepting a case, a physician or surgeon implies that he possesses—and the law places upon him the duty of possessing—that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in localities similar to that where he practices. Upon consenting to treat a patient it becomes his duty to use reasonable care and diligence in the exercise of his skill and the application of his learning to accomplish the purpose for which he is employed. He is bound to keep abreast of the times in knowledge. A physician does not have to guarantee a cure. Freedom from errors of judgment is never contracted for by the physician, and an error of judgment in the treatment of a case does not amount to malpractice, unless so gross as to be inconsistent with due care; nor can malpractice be inferred from the mere result of the treatment.

The fact that a physician or surgeon renders services gratuitously does not affect his duty to exercise reasonable and ordinary care, skill and diligence. A physician who is a regular physician of a hospital, owes precisely the same duty with reference to the care he shall use to a charity patient as he does to a patient who pays him for his services, and is liable for neglect accordingly.

A wrong impression as to the duty of a physician to attend every sick person who demands his services seems to have taken root in the minds of a great many misinformed persons. It is undoubtedly the law that a physician is not liable at common law for refusing to attend a sick person who demands his services. In at least one state it has been held that he is under no obligation to respond to a call by reason of the fact that he holds a state license to practice medicine, and although he is a family physician and no other physician is procurable, he is not liable for the death of a person caused by such refusal to render medical assistance.

A physician who negligently or ignorantly writes a prescription is liable in damages for the injury resulting therefrom.

A physician who communicates to his patient an infectious disease is responsible in damage for the suffering, loss of time, and danger to which the patient may be subjected. A surgeon is liable in damages where he directs his patient's wife to assist in dressing a wound, knowing that there is danger of infection, but negligently assuring her that there is no such danger, and when she, relying on his advice, becomes infected with poison.

(To be continued)

BEGINNINGS OF CANCER

"Cancer now accounts for one death in eight among women and one in fourteen among men over the age of 40," continued the speaker, "and during the last 25 years there has been an increase of 25 per cent in the recorded cancer death rate. Yet the whole matter of the prevention or cure of this disease has taken on a new phase in the last 10 or 15 years. Americans have in many ways been pioneers both in the study of the causes of cancer and in efforts to cure it and teach the public the means of prevention. Early diagnosis is the first great essential. We have learned that cancer starts from a small local beginning and that all lesions such as small sores and lumps that do not go away and that are subject to irritation represent cancer possibilities for middle or later life. Chronic sores or sore spots, defective places in the body, unhealed wounds or old injuries, especially anything in the form of a sore that will not heal, is a cancer possibility. It is in a weak spot, usually, that a cancer develops."

From an address by Dr. Harvey R. Gaylord at the Woman's Hospital, Buffalo, N. Y.

MANAGEMENT OF THE SMALL HOSPITAL¹

BY EDITH M. REDWINE, R.N.

North Carolina

When I was approached by a member of the programme committee and asked to write a paper for this meeting of the association, I chose a subject about which I thought I knew a very great deal, being at that time in charge of a hospital which required all the resources at the command of the person who undertook the task of management. I still think I know my subject, but when it comes to writing down my ideas, I find the field such a comprehensive one that it is difficult to cover it in one short paper. It is my aim, however, to deal mainly with the physical side of the subject, though I am sure you will pardon any digression since the other side is especially dear to my heart.

The term "small hospital" is used advisedly—those with a capacity of one hundred beds and less are usually referred to as such. In the management of any hospital, be it large or small, the main factors are best expressed by organization and coöperation. In planning a system of efficiency, however, it is well to bear in mind the fact that there is danger of losing sight of the real reason for the hospital's existence. In maintaining the system, we do not wish to be as the hospital (of which you no doubt have heard) where an efficiency expert had installed a new system. Some time later, meeting the superintendent, he asked how the system was working. "Finely," she replied. "Do you find that the hospital is doing any better?" he asked. "Oh," the superintendent replied, "we closed the hospital several months ago in order that we might have time to work the system."

In every well-organized institution there is one head, in the small hospital this official is usually a woman and a trained nurse. No matter under what title she asserts her authority, superintendent, business manager or matron, she is the official representative of the board of managers, trustees, or other governing body of the hospital, in all matters pertaining to the management of the institution, and as such she should have their hearty coöperation and confidence if she is to do her best work. Too often the superintendent of the small hospital is working day and night (and alone) putting forth Herculean efforts, trying to perform tasks beyond the powers of one woman to accomplish, and because of this, in her zeal and loyalty, she is often misunderstood in the frantic attempt she makes to keep things going and to hold the different departments of the hospital together. Between the managers, staff, and superintendent there must be the utmost loyalty. Lucky indeed is the woman who can feel that her board is backing

¹ Read at a meeting of the North Carolina State Nurses' Association.

her in her undertakings, holding up her hands, so to speak, and whose staff realizes that she is an ordinary human being with two hands, two feet, an average brain, a big heart and the power to be in only one place at a time, who is not looked upon as a piece of machinery run by electricity, to jump here, there, everywhere at each pressure of the button.

As a rule, I think, hospital superintendents are extremely conscientious, and are working for the best interests of their institutions, and though mistakes may occur, they are not intentional. Criticism is welcomed, provided it is given in the right spirit. It is little short of cruelty to animals to have insinuations thrust upon you, which, when investigated, do not amount to a row of pins, but which have caused you a lot of needless worry. A tiny bit of encouragement keeps one happy for days.

The number of other officials in the hospital will depend upon the size and arrangement of the institution. To my mind, each department should have a graduate head. If the building comprises two or more wings, then each wing should have a graduate nurse in charge, with a senior pupil on each floor. The operating room and diet kitchen should by all means be in charge of graduate supervisors, and if possible there should be a night supervisor, though this part of the work is often managed by the graduate head nurses who alternate duty, being on during the heavy work in the early part of the night and subject to call afterward. With a senior pupil on duty as charge nurse, this works fairly well.

Of course the office should be in charge of a competent, courteous person, whose duties in the small hospital are many and varied: answering the telephone, admitting patients, collecting bills, keeping the books and answering to the official title of bookkeeper. And now do I hear someone say, "And pray, what is the superintendent going to do?" Never fear, if she is the right sort of a woman she will find plenty to do. Above all, she must have time to think and plan; in other words, to marshall her forces, and this she cannot do if she attempts to do the work of three or four people. Of course, I am now considering the busy, small hospital, with an average of fifty to sixty patients, a number of operations daily, one which does its full share of emergency work.

One of the greatest assets to the small hospital is a sufficient number of pupil nurses, with a few to spare, provided they can be cared for comfortably. Too many of our small hospitals try to economize in the nursing department, with the result that they turn out dissatisfied patients and broken-down, discouraged nurses. Such hospitals claim that many nurses make idle time, and that there is always mischief for idle hands to do. I'll give the devil his due, but in the well-regulated hospital there is always something to be done by those who look for it, and they will look for it if properly managed. Plenty of good, healthy, happy nurses go to make satisfied patients, and this is what every hospital must have in order to be

a success. In the teaching of nurses, how often it devolves upon the superintendent and her helpers to teach the fundamental principles, in otherwise good material, of manners, personal habits, housekeeping. This being the case, where is there a better place to begin than at the front door of the hospital? Then carry them on through all the different departments, making of them thoroughly trained, competent women, remembering all the time that the hospital is an educational institution and not the work shop of former years.

One of the most overlooked features in the small hospital is the front entrance. Too often it is left to the superintendent, the bookkeeper, the nurse on the floor, or to any one who chances to hear the bell ring or finds the visitor wandering in the hall, to look after this important feature. "Everybody's business is nobody's business," you know. The usual excuse is offered, "The nurses are too busy." "We cannot afford someone especially for the purpose." Visitors and patients come, and go away dissatisfied; the public becomes offended and the hospital becomes a target for criticism.

I have never tried the following plan, because I have never had the good fortune to have enough nurses, but it seems to me that it might work well. If a probationer were placed in charge of the front entrance, whose sole duty should be to look after visitors, showing them every courtesy, it might solve one problem for the hospital which cannot afford a trained person for the place. In this way the probationer learns how to meet the public, she learns how to handle people, and being under constant observation of the superintendent, an insight is obtained of her real character, before she enters upon the larger work of caring for the sick. If the general office is near the front entrance, as it usually is, this probationer might be employed between times in getting a general knowledge of the office work, under the supervision of the bookkeeper. It is surprising to know how few people can answer a telephone properly, or take and deliver a message in the way it should be done.

Where one is so fortunate as to have a graduate dietitian, the house-keeping is usually divided, the dietitian taking charge of the kitchens, dining room and laundry, including the oversight of the servants in these departments. She also does her own buying. To her should be assigned two nurses, so that there shall always be one on duty who is familiar with the work; the term of service is usually two months, though this rule should be flexible for many reasons. Here, where we have the big expense sheet of the hospital, it is important that we have systematic management.

As a rule, dietitians are not practical when it comes to the detail work, but if one is open to reason and is willing to listen to suggestions, she may become very valuable to the institution, and in choosing her, the superintendent will look for these characteristics. A dietitian should have theoretical knowledge, but she should also understand plain, every-day cooking,

for the nurses and employees, in order to work well, must have good food. It is just as easy and costs no more, provided a little foresight and good judgment are exercised, to see that our nurses have plain, substantial and nourishing food, in the right combination. The superintendent does the housekeeping in the hospital proper, doing the buying for this and the nurses' home. In the buying of medical and surgical supplies, she, of course, is guided by the needs of the nurses in charge of these departments.

I find it a good plan to keep a book in which I put down each article purchased, with date of order and date of receipt. In this way I am able to keep up the supplies and can judge pretty well as to the amount which should be used in a given time.

In regard to the linen, another big item of expense, I have adopted the following plan which has worked well. A probationer is put in charge; term of service, one to two months, according to capability shown. It is her duty to count the laundry in and out, mend that which is worth it and take to the superintendent, to be discarded or made over into other things, all linen which is too dilapidated to be mended. I try to keep a supply of new linen in the store room so that each discarded piece may be replaced immediately. This keeps the supply always the same, and one can tell at a glance just how much linen is on hand. Each department has its own linen designated by kind and color: blue bordered towels and marseilles spreads for the nurses' home; plain white for private patients; red bordered for wards; plain white linen crash towels for operating room, and so on. This simplifies the counting of linen, as with the exception of sheets and pillow cases, the nurse can tell at a glance just where each piece belongs. This same probationer distributes the linen to the wards and other departments, having first received a written requisition signed by the nurse in charge and by the superintendent. (These requisitions, by the way, should be issued from all departments, and nothing should be sent to the wards from any department without a requisition properly signed.) These are best issued on printed forms, as this saves time, but in the absence of such, should be written out by the nurse and should have the date, number of patients, amount asked for, amount sent out, and amount received. This method, you see, enables the superintendent to keep track of things. The linen nurse has charge, also, of the nurses' home, seeing that beds are changed at stated intervals, distributing towels, soap, and other necessities, directing and assisting the maid when any special cleaning is to be done. She knows when new linen is purchased and its cost. Each Saturday night a written report is placed on the superintendent's desk, stating the amount of linen torn or lost in the laundry. In this way the probationer is given a practical lesson in economics, and the work is accomplished without the employment of an outside agency. One rarely finds a nurse who has had

charge of this department who cannot work to much better advantage and who does not understand true economy.

I manage the drug department and store room supplies in much the same way, though this time a senior nurse is placed in charge. She sees to the daily distribution of drugs, fills such prescriptions as she may, makes the ward solutions, gives out weekly supplies, and reports to headquarters any waste or undue usage of drugs in her charge. A want book is kept in which is placed daily a list of drugs and supplies of which the stock is low, with special mention of those needed at once. To her are taken all broken and worn out articles to be replaced. Of these she keeps a record, with dates. (The nurses are required to report and pay for breakage.) She knows the cost of the drugs, keeps up with the rise and fall in prices, knows when it is best to buy in quantity or in small lots, learns when to buy and when not to buy. For instance, at the beginning of the European War when there was a decided advance in the price of rubber goods, some hospitals I know of bought up a year's supply. We bought for only six months, figuring that it would deteriorate on the shelves after that time, but we did buy carbolic acid, and there never was a time when we did not have a goodly supply. The reason for doing this was explained to the nurses in the class room. The drug room nurse also has charge of the urinalysis room. In this manner the work is again accomplished without the aid of a pharmacist, and the nurse gets practical lessons in the handling and administration of drugs, in urinalysis and in hospital economics.

The other departments of the hospital are managed in much the same way. In the nurses' home, the senior of each dormitory is made responsible mentally, morally and physically for the nurses rooming with her. She sees that each nurse exercises proper hygienic care; that she is in her room on time; and that lights go out promptly. She reports or sees that the nurse reports at once any illness, such as the usual hospital sore throats, etc. A written report for the week is placed on the superintendent's desk every Sunday morning.

Just a word relative to the religious side of the hospital. There is no better way to begin a hard day's work than by reading a few verses from God's Word, and at least repeating the Lord's Prayer. I find that the best way to accomplish this is to have the nurses report at breakfast five minutes early and answer to roll call with scripture verses, (sometimes a lesson is chosen and each nurse takes a verse in turn), then all repeat the Lord's Prayer.

Since some small hospitals cannot afford a graduate head for each department, it behooves us to impress upon our nurses and employees the necessity of cooperation. Make them feel that the success of the institution depends largely upon the ability which they show in handling that part of the work which is assigned to them.

Above all, superintendents must be alert and wide-awake; they must keep in touch with each department through personal supervision and written reports from those in charge; they must gain the confidence of their helpers and let them feel that they can come to them with their problems and meet with cheerful and ready response. Our work is a great and responsible one. It is not enough that we satisfy an ignorant public, or employers who do not care, so long as the revenue derived is satisfactory; our conscience should be our guide.

To you who now have charge of hospitals, and to you young nurses who in the future expect to have, let me say that these problems are distinctly "up to you," and when you realize this fact it will be one forward step toward the standardization of hospitals and training schools.

THE BIRTHDAY OF A CHILD

BY LOUELLA PURCELL, R.N.

St. Louis, Missouri

Who was the Christ Child, Mother,
And why was he born so low?
Why did he lie in a manger
Where only the horses go?

The child of a King you told me,
Then why on that cold, cold night
Was he born in a lowly manger,
With only the stars for light?

The little eyes were anxious
And the brow was troubled, too,
As he asked me to tell the story,
So old, yet ever new.

The story of why our Saviour
Came down in that humble way,
A frail little babe in a manger,
One long ago Christmas Day.

He listened and learned of the Christ Child,
A baby so meek and mild,
Of why we sing praises on Christmas,
The birthday of one little child.

THE KALEIDOSCOPE OF A NURSE'S LIFE

BY LAURA HARTWELL, R.N.

Seattle, Washington

Do you remember sometime when you were a child, looking into a kaleidoscope, and watching the many, colored fragments of glass form different patterns, as you turned it around? Compared to the even life of some other professions and occupations, that of a nurse seems to me to be a kaleidoscopic existence, for, from the time she enters training until the day she goes to her long rest, it is a round of changing scenes, always interesting, and often beautiful. The first days are very multi-colored ones, the rosy shades of hope predominating and brightening the probation period, at the end of which a few dark-colored specks of doubt force their way into view. The great question of acceptance! How the colors change during those days, until again the brighter hues predominate, when she receives her uniform, and really enters the training school. In due time she finishes her training, and goes out into the world, after graduating. Her first case, perhaps, is in the hospital, and the patient dies. Now the kaleidoscope is dark and gloomy, with all the bright colors hidden. The next case may, perhaps, be a foreigner, who speaks no English and who has been stricken with sickness six weeks after leaving her own country. Her friends call for a few moments each day to interpret, and having obtained the information she needs, the nurse leaves them to converse together. The bell rings to summon her to the room.

"Sit down!" says the interpreter, "she feel better in your presence!"

The softer shades of "being a comfort to others" now come to the front of the kaleidoscope, and these, varying in intensity, but always present, stay with the shifting patterns as she goes from house to house, the mother confessor and advisor sometimes, as someone has called her, and the helper always. Of course, no one person will attract everybody, and there are conflicting rays at times when she is utterly bewildered, as, for instance:

She enters the cottage of an old rancher, aged seventy-three, who has been ill for three weeks, and his irascible temper frightens his wife to such an extent that she has not changed his clothes or given him very much nourishment. Frightened by the edematous swelling of his legs, he has sent her for the neighbors, who advise him to soak the swollen members in hayseed tea, and then obligingly telephone for the doctor to attend him. With his wife's assistance he takes their advice, only to find that the heat breaks down the tissues, causing large sores on each ankle. However, the swelling has gone, and the old man sees no necessity for a trained nurse. But the doctor leaves her there, and she bathes and feeds him for ten days,

gradually cleaning his part of the house, which is thick with dust and dirt. The bright rays of success clash with the disappointment of the wife, who thought she was soon to be free of her lord and master, and who resents the interference of the nurse who has brought him back to partial health again. Inquiry into this reprehensible state of mind brings out the fact that the old man has been married four times. The first wife died, to his great sorrow, and after wandering all over the seas as a sailor in a merchant ship, he married again, but his wife divorced him. He married a third time, but obtained a divorce within a year. After settling on a farm in the west, a mutual friend (?) introduced him to a wealthy widow who, in reality, was almost penniless, and who had been induced to meet the old man under the impression that he was rolling in riches. Disillusionment came after the marriage, but as he was in need of a housekeeper, and the lady of a home, they had lived together until this illness opened the road to her freedom, and she is not pleased to find it closed again.

The colors in the kaleidoscope after this experience, seem a hopeless jumble, but they straighten out and brighten when the nurse has her first obstetric case, with a sweet young mother and a darling baby to lay in her arms.

Another turn of the glass, and she is now on the other side of the world, before the war, leaving the new world behind and seeing only the gayest colors in the glass, for the beauty of the old world takes hold of her, as she sees Paris and London. She finds nowhere a trip more beautiful than a boat ride down the river Seine on a September afternoon, when the sunlight falls on the tinted leaves, and the swaying branches of the lovely trees are reflected in the blue waters. Along the river bank the patient fisherman angles for the elusive fish, and farther along are the women who make the river bed their washtub. At last she reaches the stately towers of Notre Dame, and lands on the Isle to explore it. Even amongst American tourists she finds sorrow mingling with joy, however, for she is called on a case where the husband and wife are both sick; the wife worn out with anxiety for her husband, who is not recovering from his operation, and who knows his wife will go home alone. The nurse's adventures during her off duty hours, when she wanders around with a dictionary and a guidebook to see the city, amuse the invalids, and the colors are brighter here than later on, when, during the homeward voyage, the ship encounters an equinoctial storm, and, for the first time, she feels the torment of fear and seasickness. Even here, though the waves are unstable, shivering mountains, and the ship will not keep straight, there are a few specks of brightness. A violently hysterical woman who thinks the ship is going down, is led to a chair beside her by the scolding steward.

"Do you think if there was any danger at sea that I should have traveled over it fifteen years?" he asks the woman angrily, almost shaking

her in the fear that she will start a panic. The nurse talks to her, and forgets her own fears in chasing away those of the other woman, and in time the storm passes, and the fairyland of icebergs is seen in the distance, the sun's rays giving an ethereal appearance to the huge blue and green masses.

The kaleidoscope whirls in busy New York, and she can only store up the pictures in her mind to study in future idle hours. Another turn and she is in a Greek household, with a three-day-old baby, and a septic mother. The household also includes the baby's grandmother, and two uncles as well as the father, who is the only English-speaking member of the family.

"How much you charge?" he demands, and she tells him.

"We want cheap nurse!" he replies, "you cost too much, missis!"

The baby has cried for twenty-four hours and refuses to nurse, and the people take the nurse to their hearts when she feeds it a little warm water with a medicine dropper, and succeeds in coaxing it to take its first meal. They fail to find a cheap nurse, and she stays with the case. One morning, during the doctor's visit, the mother complains of so much pain that he orders a hypodermic of morphine. The sensations of the drug are entirely new to her and frighten her more than the pain. After an excited whisper to her mother, the old lady wrings her hands with distress, and going into the garden, peals a large bell hanging there, and the neighbors, Greeks and Italians, come flocking in. The nurse gathers from one who can speak a little English that the little Greek mother is (or thinks she is) dying! Her fright is very real, but a hypodermic of strychnine and a clearance of the neighbors to the kitchen regions, quiet her in a short time and, strange to say, she makes a rapid progress on the road to recovery from that time on. A big event is the baptizing of the little one, which necessitates the presence of a Greek Catholic priest and about fifty invited guests. The baby is immersed by the priest, and later is dressed in front of the kitchen fire by the nurse, who is surrounded by an interested audience of Grecian gentlemen! The baptizing ceremony is very interesting. The godfather holds the child on the left arm, and the priest, taking a dress-length of soft material, which the mother is going to wear when taking her first walk, drapes it over the godfather's right shoulder and across his chest, to enfold the baby in the remainder while a prayer is said over it. The baby clothes are then laid over the godfather's right arm, one by one, from the skirt to the bonnet, each article having a canticle sung over it by the priest, unintelligible to the nurse, but ending in the baby's name, "Ananeas Zaccharias Thomas," to the accompaniment of the baby's cries. After the ceremony the priest takes his departure, and the guests proceed to celebrate.

Another turn of the glass, and the nurse is far away, holding a hospital position, where everything is new and strange at first, but many bright

spots can be seen now in the kaleidoscope. An orderly furnishes many of the humorous ones, for the poor man, very willing, but hopelessly incapable, makes the queerest blunders, and has a decided objection to being bossed by women! Part of his duty is to clean the operating-room and one day a surgeon asks for an appendix specimen which seems to have disappeared during the excitement of getting ready for the next operation.

"Did you do anything with that appendix when you were cleaning up, John?" asks the nurse in charge.

"No, ma'am, I've never touched an appendix all the time I've been here. I see dozens on the floor every day, and never touch them, ma'am, and I can get anyone in this town to speak for my honesty!"

No one can ever know whether he confuses an appendix with sponges, or with instruments, for he hates being laughed at, and it is impossible to question him on the subject without a smile, he looks so very fierce about the matter.

And so the days pass, and if on any one, the patterns are jumbled and refuse to be shaken into any semblance of beauty, there is always the hope that to-morrow may be different, and produce only harmonious combinations.

CASES OF PNEUMONIA SHOULD BE REPORTED AND QUARANTINED

It is clear that a vigorous public health campaign must be directed by committees against the ravages of lobar pneumonia. Some health departments have already taken a forward step in declaring lobar pneumonia a reportable disease, like measles and scarlet fever, requiring visitation by the health departments to insure quarantine. This is a new idea for most people. There are, undoubtedly, millions of persons in the country who would not go into a house where there was measles, scarlet fever, whooping cough or diphtheria, but would not hesitate to go into a sick room where there was a case of acute lobar pneumonia. Nevertheless, the best medical authorities have shown that this disease is extremely infectious, and that those who are stricken with it have a worse chance of recovering than if they had any of the infectious diseases mentioned.—Bulletin of the Metropolitan Life Insurance Company.

THE CHRISTMAS OF HAPPY-GO-LUCKY JANE

BY RUTH E. WAY,

Orange, N. J.

Was Jane a nurse? "Perhapsly," Mr. H. Togo might have said. Maybe she wrote R. N. after her name, maybe not, but as a matter of fact, she was a graduate of the local hospital in a western town as breezy and as natural as Jane's own personality, which was decidedly out of the ordinary. Jane was original and witty, with a gift for repartee. She both played on the violin and sang, with great taste and feeling, and she was pretty, lovable and magnetic, but Jane was very impulsive and outspoken, lacking the "wisdom of the serpent." In hospital she was always saying and doing the things that "started something." She just couldn't help it. Some said she lacked finesse and would never get along, and that was too bad, as she was an orphan and had so few near relatives. Jane was born in England, her parents coming to America when she was a baby, and dying during an epidemic, Jane being raised in a convent. She had an uncle in Nebraska whom she had never seen, who was a miner and reputed wealthy.

But to return to the story, Jane as a "probe"! Poor Jane was surely a Jonah. If the rubber tubing got roasted, or the catgut was burned to death, Jane usually did it, or if she didn't, they said she did, about the same thing in the hospital, and she had won the championship record at breaking thermometers! And then poor Jane, who was sensitive and melancholy at times, would go away and weep, to beat the band, and wonder why she had ever studied nursing. As a matter of fact, it was a necessity, as her income giving out, she curtailed her education in the convent and entered the training school.

But Jane had a ready sympathy with sick folks, and in the main was a good and conscientious nurse. She also had a "way" with her, and the patients loved her; she could do anything with the children. This sometimes caused "feelings" in those inclined to be envious, but Jane being good-natured and forgiving, overlooked the demonstration.

After many "ups and downs," Jane graduated creditably, to commence the new and untried life of private duty, that seemed, at first, to be so full of interesting and romantic possibilities, but somehow the actual experience did not measure up to Jane's expectations. The sick people she cared for were not especially interesting (she had known most of them before), and in trying to live up to their expectations as to what the ideal and sedate professional nurse ought to be, Jane often felt like a bottle of frozen fizz water, that might explode at any time with a bang! Then

Jane's virtues sometimes had a way of rising up against her and upsetting the theories of what an ideally careful and prudent nurse ought to be. She was generous and free-handed and loved pretty things and the refinements of life in a way that often spelled extravagance. If she had a dollar, and didn't spend it on somebody else, she was apt to spend it on herself. One time she spent three dollars for a silver picture frame for her mother's picture, when she only had five dollars to bless herself with, and another time, having only a quarter left in her pocketbook, she gave it to a blind beggar one night on her way home, not knowing when her next case was coming. She found a case waiting for her on reaching her room, however.

Jane yearned vaguely for an untried life full of great possibilities, of people and things and surroundings she had read and heard and thought about, but had never seen; she wanted to see real life, and to live within its seething vortex, and do things. She wanted to see the great metropolis of the east, with its skyscrapers, and see for herself the romantic localities over which the author of the "Green Door" had cast such a halo of mystery and humor. So after making her decision and counting her resources, finding she had just one hundred and fifty dollars over her traveling expenses (one way), one bright, cold morning in December, she reached New York, and made her exit from the Grand Central Station. On looking around she felt rather awed at the size of the buildings, and at the curious bustling remoteness of the great crowds, so characteristic of New York.

"I'm crazy about the town," murmured Jane to herself, pensively, "but I wonder how I will get along. Perhaps it will come to me suddenly, like learning to balance oneself on a bicycle."

She made her way to a new club for nurses, that she had seen listed in a nursing journal. She was much impressed by the size of the building, also with the finish and elegance of the interior. She wondered at the system and thoroughness with which each detail seemed to be managed. It had the air of a high-class hotel for women, and the occupants looked like well-groomed women of fashion, and some of them almost like fashion plates. At any rate they looked very different from Jane's colleagues in the far western town.

"Um-m-m," thought Jane, looking at her own neat, but plain and rather countrified clothes, "I see where this little Country Cousin will have to get a gown." Her heart thrilled with the anticipation of shopping, but she did not anticipate the high prices. She purchased a suit of fine serge, daintily braided, and a becoming turban. They cost forty-five dollars. Then white kid gloves and tan kid boots took another twelve, and they looked well. But these expenses made a sad deficit in her exchequer. "Oh, well," thought Jane, "I'll soon make the money, the town seems full of it," so she called upon some physicians she had on her list. They were mostly court-

eous and attentive, and usually wound up the interview by saying, "Why, yes, Miss Brown, I will be glad to add your name to my list, but of course you know that I must call first upon the nurses and hospitals I know. You are probably an excellent nurse, but you are from a western hospital I know nothing about," or words to that effect. Then Jane found that she must await her turn at the registries until her papers came before the board meeting.

And to Jane, fresh from the west, the social atmosphere seemed decidedly *frappe*. The nurses were not at all rude to her, nor did they seem to purposely avoid her, but they had that air of reserve and well-bred indifference that she had noticed in the crowds. She worked in the Red Cross room, but no one made overtures to her, and she thought they had the expression of the Town Mouse looking at the Country Mouse, so she waited for them to make the first advances, fearing to commit some western solecism.

The days sped by rapidly, until one eventful morning, the day before Christmas, in fact, Jane awoke to the stern reality that she had just twenty-eight cents in her pocketbook. The high cost of living had done its worst to poor Jane. After a cup of coffee, she thought she would take a walk in the park. "There are the children and the squirrels left," she thought. Poor Jane! As she walked along she felt about as optimistic as a straw dummy, and about as warm. Her clothes, though elegant, were not built for the wintry cold, so walking rapidly she reached the park entrance. There she came upon a group of children playing within call of their nurse maids. She smiled and spoke to one little boy, but he did not speak or smile in return, but giving her an indifferent, if not a doubtful look, retreated toward his nurse. Jane thought she would walk around the lake. Its unstudied natural scenery looked strangely like her home in the far west, so buying a bag of peanuts (out of the twenty-eight cents), she sat on a convenient bench in the sunshine. With an ingratiating coo Jane offered one of the peanuts to a nearby squirrel, but the squirrel pricked up its little ears suspiciously, and with what looked to Jane like a haughty and disdainful expression on its little face, hopped away. This was *too* much. Jane wailed inwardly, "Even the squirrels seem to know I'm from the west." She got up and walked away, toward the Avenue. Poor Jane! This was her first "close-up" of real life, and like all of us, she rebelled against the hard knocks that alone can teach us what real life is. She walked down the Avenue, her thoughts whirling rapidly. Twenty-eight, no, twenty-three cents left, and to-morrow Christmas, and another month's rent soon due. She never thought of telegraphing her uncle for money, never having seen him, he was like any other stranger to her, besides he probably thought her well provided for and in the convent still.

She thought of the little home town in the far west and the people

she had known. She had sent them cards of greeting when she first arrived (Oh you three-cent postage!), but had not heard from any of them, so far. "Even the superintendent of the hospital would look good to me now," thought Jane, and clenching her hand convulsively, her white kid gloves split down the palm. (They cost two-fifty.)

The tears began to come, and Jane retreated in consternation down a side street, to think. What else could she do? She had entered her name for war service some time before, but they were taking the eastern nurses first. She did not have a teacher's certificate. She might be a lady agent for "Peruna." Why, thought Jane, even an ordinary hired girl has a happier and a better life than I have now. *A hired girl! Why not?* Jane giggled a little, in spite of herself, it seemed so like O. Henry. Just then she passed an office on which was a sign, "High-Class Help Wanted." "I just believe I'll do it," she thought, "I'll slave in somebody's kitchen for a week or a month, if necessary. They pay most anything just now, and give lovely presents to get one to stay. Besides, nobody can say I am a slacker, and they can't say I am not 'high-class' either," and in her usual impulsive style, Jane drew down her veil and entered the office.

The woman at the desk also seemed typical of New York. She glanced keenly and suspiciously at Jane, and then approvingly at her clothes. She did not ask many questions, but called a lady in the adjoining room. "My dear Mrs. Van Rensselaer," she said with a smirk and an ingratiating bow, "I have selected this applicant who seems to me the most suitable of any to serve in your family."

Jane looked at the lady. She was dressed in a violet velvet suit and hat, carried a gold lorgnette, and had a face like a cartoon. Raising her lorgnette, she gave Jane a suspicious glance, which softened when she saw the clothes. After all, she liked to see her servants going from her house well dressed.

"Are you experienced?" said the lady, vigorously. "Y-y-yes ma'am," stammered poor Jane with violent timidity (like Willie Collier, but Jane didn't know that, never having seen him). "Can you make beds?" "Oh, yes ma'am," said Jane, with a start. (She could). "Very good! And can you cook?" said the lady, after the manner of exploding a gas bomb. Jane colored violently. "Oh, yes ma'am," she said. (It was commonly reported in the hospital that Jane could not even boil water without scorching it.) "Very well then, I shall expect you at nine o'clock in the morning. Be on time, I like my servants to be punctual, and don't bring your trunk until I decide whether you will suit or not."

The woman at the desk looked at Jane severely. "You're a very lucky girl," she said, "to get in a family like that. Be sure and be a credit to me," and with a nod of dismissal turned to a new-comer. Jane walked to the street, pondering deeply. "They didn't ask me for references (that's the

clothes) and they didn't say anything about the pay. Oh you little Country Girl, they're putting it over on you already, but I'll teach them, and oh, Jane Brown, you've been and gone and done it. What would the superintendent say if she knew, and Uncle James Brown, whom they say is the mayor of his town, and next in line for senator? Still," thought she, "there are a few more hours of life left to me, and I'll have the maddest, merriest time," and then thinking of the twenty-three cents, she changed her mind, and walked soberly in the direction of her club. She must put forth her best efforts, for they must not suspect anything. "All is over now," thought poor Jane, and then she suddenly thought of the quarter she gave the blind beggar, and the case that followed.

As she approached the desk, the clerk looked up at her, interested and excited. "I've been looking for you everywhere, Miss Brown," she said. "Here is a telegram for you." Jane opened it mechanically. "What more bad news!" It was from the superintendent of the hospital and ran: "The Hon. James Brown called. Worried over your absence. Spend Christmas Day with you New York." She read the words hardly believing her senses.

"And then here is a box of flowers, also." The tag read, "From an old patient." There were also cards of greeting from nearly all her old friends. It was more than Jane could stand. She thanked the clerk and went up to her room. At her door she was accosted again, by a nurse resident, who with the imitation that is the sincerest flattery, was wearing a turban copied faithfully from Jane's.

"Oh, Miss Brown," she was saying, "I was asked to request you to take the part of Miss Columbia at the *Pageant* to-morrow night. They thought you could fill the part so well. Thanks, good-bye." Jane went into her room and sat down stupidly. So New York had a heart, and had "come across." And then, there were those other things, but she was tired and would go to bed. No, before that, a message to Mrs. Van Rensselaer, saying: "Dear madam, I am sorry to decline the place you made for me in your household, but on reaching home, I found my former position again open to me, and have accepted it. Yours truly, J. Brown." And Jane fell asleep.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON and ANNA C. JAMME

THE NON-RESIDENT PUPIL IN TRAINING SCHOOLS

It is astonishing how many of the problems of the training school for nurses hang on the one question of housing. When the wards are understaffed and the nurses are overworked, it is usually because there is no room in the nurses' home to take in a sufficiently large group of pupils to do the work. When the hours are too long and it is suggested that better results could be obtained both in the practical and theoretical work, on an eight-hour system, it is at once decreed impossible because it would entail a somewhat larger staff of nurses, and this would mean more housing facilities. When you suggest that the number of classes admitted in a year should be reduced to two or at most three, as a matter of both economy and efficiency in teaching; you are told that this could not be done because there would be no accommodation in the nurses' home for any considerable number of pupils to enter at one time. Indeed, many hospitals are still accepting probationers one by one, the time of admission being governed absolutely by the date on which a room is available in the home. It is a vicious circle which it often seems impossible to break through.

During the present national crisis, when we want to multiply our nursing resources as rapidly and as considerably as we can, we are again confronted with the same old problem. The appeal which was sent out by the General Medical Committee on National Defense, to the hospitals of the country, asking them to increase their entering classes of pupils, brought back some very interesting letters. Most of the hospitals expressed themselves as willing and anxious to contribute in this way to the nation's need, but while a number were renting extra houses and stretching their capacity to the utmost to provide for a substantial increase in their entering classes, many felt themselves absolutely unable to coöperate, because of their limited housing capacity.

Another side of the question was presented in the replies of young women throughout the country who were being urged to enter nursing schools to prepare themselves properly for nursing service. Some of these had served for brief periods in the hospitals as nurses' aids, and had become very much interested in the work. Many felt that they could overcome the objections of their families, to their taking up nursing training, if some plan could be arranged whereby they might continue to live at home.

At first sight it seems a rather impossible proposition, but when one con-

siders that in practically every other form of professional training, the pupil lives at home, or at least outside the school or college, one wonders what peculiar conditions there are in the nurse's training that make the situation so entirely different from that in medicine, library work, teaching, music, or art. It is recalled that when women first were admitted to medical schools, it was considered absolutely necessary for their protection that they should live together, under supervision, in special dormitories, and the same idea prevailed when the earlier colleges for women were established. But we are no longer afraid to trust fairly mature and serious young students to look after themselves, either in their own homes or the homes of strangers, and we do not think it necessary to provide direct chaperonage for them out of college hours, or to supervise all the details of their daily lives. In cases where the students are young or irresponsible, some provision must be made to safeguard them, but on the whole we believe in the principle of making each person responsible for her own personal conduct, as far as possible.

The dormitory system in hospitals, is of course, a direct heritage from the days of the monastic orders. It has outgrown its cloistered walls and its cheerless cells, but it still retains a number of the features of the communistic life. The question is whether these features are absolutely essential to a proper professional training in nursing, or whether it is possible to combine the hospital experience and discipline with life in a normal home. It will be assumed that students entering on this basis would be willing to accept the same requirements and conditions which other students accept. Assurance would have to be given that they would be living under healthful conditions which would not interfere with their study and training. If the system of student government were in force in the training school, the matter of personal conduct during off-duty hours could be taken care of by putting the pupil on her honor, and requiring her to subscribe to the general rules and principles of the institution. After all, it would not be a very different situation from that of pupils who live near their own homes and spend much of their off-duty time there.

The main difficulty would be in the adjustment of hours of duty and class-work, but if the eight-hour schedule could be adopted for both night and day (as could easily be done with these extra forces), it would not be at all impossible to arrange the work for these non-residents so that it would give them the necessary hospital experience and not interfere too much with domestic arrangements at home. If considered advisable, one year or more in residence might be required, or the period of non-residence might be limited to the preparatory course alone.

The surface objections are evident enough, but the fundamental advantages of such a plan are of infinitely greater moment, especially at the present critical time, when every trained person counts. It might be con-

sidered as an emergency plan only, and if it proves too difficult might be given up when the war is over. If it is only tradition and sentiment that are in the way, they will have to be sacrificed as they have been in so many other fields since the war began. If only the one vexed question of housing could be settled by this means, we could afford to put up with many minor inconveniences and readjustments.

The scheme is economical, because it enables the hospital to take better care of its patients and to extend some of its services without adding appreciably to its expense; it also makes it possible to utilize the hospital's teaching facilities much more fully than they are usually utilized, but the ultimate and lasting results may be much more far-reaching. If it provides a way in which the work of the pupil nurse can be lightened and her hours shortened, if it makes it possible to relieve her from ward duty for more satisfied body of students, and this in turn will inevitably attract more more satisfied body of students, and this in turn will inevitably attract more and better women into nursing schools.

The Committee on Nursing of the General Medical Committee on National Defense, is recommending that training schools should accept this as an emergency measure for the period of the war, at least, in order that a larger number of pupils might receive training. It is interesting to note that one of the oldest and most representative nursing schools in the country has been the first to accept this suggestion. Bellevue Hospital announces that it will accept non-resident pupils in its December class for the regular course of training. The curriculum will be identical with that of the resident students, but the hours for non-residents will be specially adjusted, on the basis of forty-eight hours a week. Such students will bear all their own expenses except uniforms and textbooks. Certain other schools are considering a similar departure, and the results will be watched with great interest by all who have the cause of nursing education at heart.

THE NEED FOR TEACHERS IN TRAINING SCHOOLS AND HOW TO MEET IT

BY PERMELIA DOTY

There are many unexpected results of the unsettled conditions which have followed the present war situation, one of which is the almost universal tendency on the part of men and women to stop and "take stock" of the special form of work to which they are devoting their time at the present moment, and to judge its value not only from a personal point of view but from the standpoint of its effect on the community.

Now that the first emotional excitement which followed America's entrance into the war has more or less subsided and women everywhere have been impressed with the fact that "home service" is quite as essential for the successful conduct of the war as work in the immediate war zone,

we find an even more serious questioning on the part of women as to whether their energies and talents are being utilized to the best possible advantage. This is especially true of nurses, who feel that their training imposes on them a peculiar responsibility to the public.

During the past year the Department of Nursing and Health of Teachers College, Columbia University, has had many letters from nurses throughout the country asking for advice and help in the solution of such personal problems. One nurse who wrote recently, who had been doing private nursing for a good many years, asked advice as to the most direct and desirable way of using her qualifications to the best advantage in home service. She mentioned having a state certificate for teaching and having had considerable experience as a high school teacher before entering a nurses' training school. Judging from her letter, she had an unusually good foundation for teaching, and she was referred to a hospital in her own city, where there was urgent need of an instructor. Later, she wrote that she had accepted the position.

There can be no question of the value and need of this service just now when the number of pupil nurses in the training schools throughout the country is being greatly increased. The Department of Nursing and Health has found it quite impossible to meet the demand for trained workers in this particular field. Last year it had about seventy requests for instructors and was able to fill only about one fifth of these positions.

While the nurses who have taken up this work feel very strongly that they need additional preparation in order to fit themselves for the important and exacting work of an instructor, and while at least one year's work, including courses in psychology, methods of teaching, and a good deal of work in science, is recommended as an essential background for good teaching, nevertheless, it is quite possible for the nurse who is a normal school or college graduate, to give valuable service as an instructor in a school for nurses.

In a survey of the health, salaries and work of nurses made by the Vocational Guidance Committee of the National League of Nursing Education, it was found that out of a group of five hundred nurses from twelve representative schools, 25 per cent entered nursing from the teaching profession, a surprisingly large percentage. This teaching experience is a distinct asset to the nurse who takes up institutional work, and it is a question whether at the present time there are not many such nurses who are doing private nursing, either because they have never thought themselves particularly fitted for institutional work, or because they were attracted by the more immediate financial returns of private nursing, who might be willing to take up the work of teaching in training schools.

All nurses cannot teach; they may lack the educational background, the personality or the gift of imparting knowledge to others, which are all

essential attributes of the really successful teacher. Just because of this it seems most important for nurses who are fitted for teaching to think seriously of this opportunity for special service. Superintendents of training schools might do a great deal to help in increasing the available teaching forces by interesting any students whom they consider especially fitted for the work of a teacher, in taking up this work. Many schools offer scholarships which enable their students to spend a year in additional study and preparation for some special branch of work. Would it not be a great advantage to the school to provide in this way special opportunities for their own graduates who wish to prepare for teaching? There can be no doubt that at the present time many schools are having serious difficulty in obtaining well-qualified instructors, and it seems only fair that they should all help in meeting this situation.

The opportunities for nurses interested in teaching are increasing all the time. There have been recently several requests for non-resident instructors, especially in the smaller schools. This branch of work appeals, especially, to nurses who wish to live at home. It is quite possible, of course, to combine work in several hospitals in a vicinity. The salaries of resident instructors vary from \$900 a year for the less experienced, to \$1,200 for women with special preparation and experience. The work is interesting and satisfying, the hours are regular, few hospitals of the better type have evening classes at the present time. In some hospitals a certain amount of supervision is combined with the work of teaching.

It becomes increasingly evident to the thoughtful observer that what the nursing profession urgently needs is some sort of central bureau which will be a kind of clearing house where nurses from all over the country can go for help and advice. It may not be necessary to have the services of an expert psychologist to determine the fitness of the nurse for any particular "job," but it would mean the invaluable help which could be given by a sympathetic and intelligent nurse who is thoroughly conversant with the needs and opportunities of her profession.

"Preparation against war consists in part in military and naval preparedness, but a bigger problem lies in the physical, mental and moral health of our citizens. No nation can be strong without health. During the past thirty-five years there has been a great reduction in mortality in this country. During the past twenty-five years the average life has been increased more than ten years. During the past thirty-five years the deaths from tuberculosis have been reduced more than fifty per cent. Until within the last ten years, no one dared to talk in public about social diseases. It is impossible to tell just what effect the educational efforts made during the past ten years have had, but it is safe to say that these efforts have met with a degree of success fully comparable with that attained in dealing with tuberculosis."—Victor C. Vaughan, M.D., in *Public Health*.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

During their voyage to England, a draft of New Zealand soldiers published a magazine under the title of *Te Karere, The Message*. Though the vessel stayed only a day and a half at a port of call, six thousand copies were printed there, with illustrated covers and cartoons, complete.

A lieutenant in a Yorkshire regiment made his will on the back of a photograph of a girl. It read, "In the event of my death I leave all my effects, including all money lying to my credit, to this young lady." The name and address of the girl followed.

The United States Government has renamed the interned German liners which have been seized. The *Vaterland* is now the *Leviathan*; the *Kronprinzessin Cecelie*, the *Mount Vernon*; the *Kaiser Wilhelm II*, the *Agamemnon*; the *Hamburg*, the *Powhatan*; the *Rhine*, the *Susquehanna*. The *George Washington*, the *President Grant* and the *President Lincoln* have not been renamed. It is stated that after the arrest of a German spy on Staten Island, the missing parts of the machinery of the *Vaterland*, removed by her officers when the ship was interned, were found carefully packed in cases in the cellar of his house.

The Danish Home Secretary has stated that tallow candles, train oil lamps and other means of lighting used in the far distant past, will probably become Denmark's only means of lighting in the near future, owing to the limitations imposed by the war.

American military doctors are going to the rescue of the overworked medical profession in England. About 200 are to serve in military hospitals in Great Britain while waiting their call to the hospitals to be set up for the United States Army in France, and the number is to be increased.

Crops of artichokes, carrots, parsnips, tomatoes and vegetable marrows have been raised in the garden of the Public Record Office, Chancery Lane, London.

The St. Louis and Harvard Hospitals in France have been bombed by the Germans. As a protective measure, hospitals and clearing stations are usually plainly marked by a large red cross on a white ground, painted, or set in mosaic, at the main approach, as well as by a full display of flags with the same emblem, of extreme size. This seems to invite attack, and it is at least likely that the American hospitals were specially selected.

A Danish soldier in the British Army received the Victoria Cross for rushing a German post, single-handed, capturing it with bombs, and forcing fifty Germans to surrender. He shouted, "I am going to pay you back

for 1864," when the war between Germany and Denmark took place, "I am a Dane."

A bag dropped from a Zeppelin during a recent raid over Suffolk, England, contained an electric hand lamp, a phial of whisky, a cigarette case, a table knife and some papers. It was found in a field by a farmer.

An English paper states that an insurance has been placed at Lloyd's by Letton, Percival & Co., Liverpool, by which for a premium of £25, the underwriters agree to pay £10,000 if Lord Kitchener was alive on August 21st last, proof to be furnished within three months of peace being signed. Lord Kitchener went down in the *Hampshire* on June 5, 1916. It is said that his sister still cherishes the hope that he is alive and a prisoner in Germany.

Alfred Paul Gardner, a Crimean veteran, aged 82, has recently died at Birmingham. He was nursed by Florence Nightingale, and gave her name to his second daughter.

A baby girl has been christened Vimy, in memory of her father's death in action at Vimy Ridge.

President Lyman Powell of Hobart College, Geneva, New York, was sent abroad in the Investigating Committee of the Presidents' Association of Colleges and Universities of the United States. On his return from France, he described the fate that has befallen the town of Chauny, in the Department of Aisne. The little city had 10,000 inhabitants and since its foundation in 1664, has been a center of glass manufacture. The Germans dismantled the glass factories, herded the young men and young women into an open space and took the young men for service behind the lines. Then they lined up the young women to be picked out by the German officers, according to rank. The highest officer chose the fairest girl, the next highest made their selection, and the common soldiers took those who remained. Only 300 of the original 10,000 inhabitants were left. It is to prevent scenes like these in our own land that we on this side of the Atlantic are fighting.

"No man can carry about with him an infectious disease without endangering others. Personal liberty should stop when the health of others is endangered. If our nation is to continue strong and vigorous, it must eradicate unnecessary disease. This work must extend through every grade of society. The nation as a whole can not be healthy so long as a part of it is diseased. Diphtheria, typhoid fever and other infectious diseases in the slums are a menace to those who live on the avenues. Through the light of knowledge of infectious diseases, it can truthfully be said that no man lives to himself alone."—Victor S. Vaughan, M.D., in *Public Health*.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

TOWN AND COUNTRY NURSING SERVICE

BY FANNIE F. CLEMENT, R.N.

While the work of the Town and Country Nursing Service has not been deflected into the maelstrom of war relief activities, like most forms of community service, it has entered upon a new era affected by new conditions and needs which but emphasize more deeply than ever before the importance of every measure for health and life conservation. Nurses and communities alike are appreciating more fully the significance of public health nursing, which realization has stimulated both the supply and the demand for Red Cross rural nurses. Frequent is the appeal, "Send us a nurse. We are especially interested in health conditions which exist among our citizens and are taking the first steps toward preparation for war conditions."

From a county nurse in North Dakota comes the story of how the state has organized for Red Cross work and apportions the work to each county. One county is detailed to make sheets, another pajamas, and so on. "Our county has been detailed to make surgical dressings," she writes, "because we have in it two Red Cross nurses. I have the children working now. The girls and boys from 6 to 10 cut rags for fracture pillows and make scrapbooks for the soldiers. Boys and girls from 10 to 14 knit wash cloths and surgical sponges. The older ones come up to the work room and make themselves generally useful. They have only one objection to the work, too much hand washing. If they could dispense with that, they would be perfectly happy. They are also going out to the fields and gathering the spare grain and selling it for the benefit of the Red Cross. I am proud of our boys and girls."

Many of the Town and Country Nurses have been appointed instructors of Red Cross classes. "I am teaching three classes in Elementary Hygiene and Home Care of the Sick," writes one from a small town in Illinois. "Two of these are mostly of college graduates. When they miss a class, they always ask to come to the other class which consists of factory and telephone girls. They all seem so enthusiastic. Only about half of them are taking the course with the idea of helping in the war if needed. They are coming to acquire useful knowledge in caring for their sick at home. I am also teaching the making of surgical dressings. The new class of twelve foreigners, girls between 11 and 14, will prove the most interesting of all. One of the other classes (of well-to-do members) will advance

the \$12 and these little girls will pay 10 cents a month until it is paid back. They want to belong to the Red Cross so much that I thought this would be a good plan for them."

Speaking about the instructive work among negroes and white people in a South Carolina community, one of the nurses says, "I have talked gardens to them ever since March and it is most gratifying to see what splendid ones they have. Now I carry with me copies of recipes for 'Canning and Drying Fruits and Vegetables in the Home' sent out by the United States Department of Agriculture. As I am inspecting the negro washerwomen or visiting the mill villages, I give out copies or teach the women the recipes, as many of them cannot read. They are most grateful and oftentimes I am presented with a 'mess of beans' or cucumbers or 'roasting ears,' as an expression of their gratitude."

From a rural nurse in Vermont, comes this word: "At the last meeting of our Association, it was suggested that the ladies of the town open their homes for the soldiers in case of sickness, the 19 guardsmen who are stationed here to look after the bridges. About twelve responded, and I volunteered to give visiting nurse care. I responded to two calls today. The weather has been inclement and the guardsmen have a poor place to camp, so there may be more work in store for us."

Off in the mountains of Colorado, 9000 feet above sea level, among a group of 5000 miners and their families a Red Cross nurse has recently been sent to watch over the health of the entire community. "This place," she writes, "is so different from what I had imagined, but if ever people needed a nurse, these do. They have absolutely no one they can call upon in case of illness. I believe the people need me and want me. I am getting calls from many of the 'notches' and 'coves' in the mountains. In the short time I have been here, I have nursed ten cases, all acute illnesses. I fear I will have a heavy winter caring for pneumonia alone, which runs a high mortality here. We have already lost two men."

And it is for men that our country is calling today—men for the mines, men for the factories, and men for the farms, as well as men for the front. The Red Cross nurse in the mountains of Colorado, as well as the public health nurse wherever she may be, has before her a "war work" the value of which is not surpassed by that of the Red Cross nurse in any other field.

ADMINISTRATIVE DIVISIONS OF THE RED CROSS

By JANE A. DELANO, R. N.

With the increase in the membership in the American Red Cross from a few thousands to more than four million, and with the tremendous organization necessary to administer the War Relief Fund of \$100,000,000, which has recently been raised by the Red Cross, it became necessary to

divide the country into divisions for administrative purposes, in order to relieve Red Cross Headquarters of details which had grown beyond control. Representatives of many of the leading business corporations in the country came to Washington as volunteers to help build up the new organization. Shipping and traffic experts advised in regard to natural lines of communication. Experts from such organizations as express and telephone companies advised in regard to the division of responsibility between central and branch offices. A Bureau of Standards was established early in the summer, to study the details of operation in all of the departments of the Red Cross. As a result, the country was divided into thirteen divisions, as follows:

New England—Maine, New Hampshire, Vermont, Massachusetts, Rhode Island.

Atlantic—New York, Connecticut, New Jersey, except Camden.

Pennsylvania—Pennsylvania, Delaware, and Camden, N. J.

Potomac—District of Columbia, Maryland, Virginia, and West Virginia.

Southern—North Carolina, South Carolina, Georgia, Florida, and Tennessee east of the main line of the L. & N. R. R.

Gulf—Alabama, Mississippi, and Louisiana.

Southwestern—Missouri, Kansas, Arkansas, Oklahoma, and Texas.

Lake—Ohio, Indiana, and Kentucky.

Central—Illinois, Wisconsin, Iowa, Nebraska, and Michigan.

Northern—Minnesota, North Dakota, South Dakota, and Montana.

Mountain—Colorado, Wyoming, New Mexico, and Utah.

Pacific—Nevada, Arizona, California, and Hawaii.

Northwestern—Washington, Idaho, Oregon, and Alaska.

In each of these divisions, provision was made for the appointment of a general manager, who would be the executive head of the division, corresponding to the general manager at Red Cross Headquarters. Each department of the Red Cross was allowed the privilege of selecting a representative to look after the details of the work in the Division.

We were fortunate in securing for the various divisions, nurses well-qualified for the work, and in most instances, those who had been connected with the Red Cross Nursing Service for a number of years. We take pleasure in reporting the following appointments:

New England: Headquarters, 755 Boylston Street, Back Bay Station, Boston, Mass. Elizabeth Ross, born in Boston; graduate of Newton Hospital; visiting nurse, Brattleboro, Vt.; organizer of Nursing Center under Woman's Municipal League of Boston; supervisor of the Norwood Civic Association, under the organization of the Norwood Civic Health Center; gave up the latter position to accept the position of Division Representative of the Red Cross Nursing Service; has served as secretary of the Middle-

sex Local Committee on Red Cross Nursing Service; was on the Massachusetts State Committee on Red Cross Nursing Service; enrollment, 1914.

Atlantic Division: Headquarters, 44 East 23rd Street, New York City. Carolyn C. Van Blarcom, born in Alton, Ill.; graduate of the Johns Hopkins Hospital, Baltimore; assistant superintendent of nurses, Johns Hopkins Hospital; superintendent of nurses, St. Luke's Hospital, St. Louis, Mo.; superintendent of nurses of the Maryland State Tuberculosis Sanatorium; superintendent of the New Bedford, Mass., Tuberculosis Sanatorium; secretary of the New York State Committee for the Prevention of Blindness; secretary of the National Committee for the Prevention of Blindness; president of the New York State Organization of Public Health Nurses; resigned as secretary of the Illinois Society for the Prevention of Blindness in order to accept the position with the Red Cross Nursing Service; enrollment, 1917.

Pennsylvania Division: Headquarters, 1601 Walnut Street, Philadelphia, Pa. Susan C. Francis, born in Bridgeport, Pa.; graduate of the Reading Hospital, Reading, Pa.; superintendent of training school of the Washington Asylum Hospital, Washington, D. C.; superintendent of training school of the Touro Infirmary, New Orleans, La.; superintendent of training school of the Jewish Hospital, Logan Station, Philadelphia, Pa.; gave up the latter position to accept the position of representative of the Red Cross Nursing Service; has been chairman of the Philadelphia Local Committee on Red Cross Nursing Service for six years; is president of the Graduate Nurses' Association of Pennsylvania; enrollment, 1911.

Potomac Division: Headquarters, 932 14th Street, N.W., Washington, D. C. Georgia M. Nevins, born in Bangor, Maine; graduate of the Johns Hopkins Training School for Nurses; superintendent of Training School for Nurses, Garfield Memorial Hospital, Washington, D. C., for thirteen years; superintendent of Garfield Memorial Hospital, Washington, D. C., for ten years; gave up latter position to accept the position as representative of the Red Cross Nursing Service; enrollment, 1911.

Southern Division: Headquarters, 424 Healy Building, Atlanta, Ga. Jane Van de Vrede, born in Wausau, Wis.; graduate of the Milwaukee County Hospital, Wauwatosa, Wis.; post graduate of the surgical and laboratory departments of the same school; surgical nurse of the Milwaukee County Hospital, Wauwatosa, Wis.; assistant in the Pathological Laboratory of the Milwaukee County Hospital; resident nurse of the Western Union Telegraph Company, Savannah, Ga.; assistant bacteriologist of Savannah, Ga., for nine years; gave up the latter position to accept the position of representative of the Red Cross Nursing Service; secretary of the State Board of Examiners of Nurses for Georgia; member of the State Committee on Red Cross Nursing Service in Georgia; chairman of the Local Committee on Red Cross Nursing Service in Savannah; three years

vice-chairman of the Savannah Chapter of the American Red Cross; enrollment, 1912.

Gulf Division: Headquarters, Post Office Building, New Orleans, La. L. Agnes Daspit, born in New Orleans, La.; graduate of the Touro Infirmary, New Orleans; surgical nurse in the Touro Infirmary; chairman of the State and Local Committee on Red Cross Nursing Service for three years; president of the Louisiana State Nurses' Association for two years; chairman of the Advisory Board of the Louisiana State Board of Examiners for six years; enrollment, 1911.

Southwestern Division: Headquarters, 1617 Railway Exchange Building, St. Louis, Mo. Lydia W. Anderson, born in De Kalb, Ill.; graduate of the Illinois Training School for Nurses; superintendent of the Pasadena Hospital, Pasadena, Calif.; assistant superintendent of the West Suburban Hospital, Oak Park, Ill.; supervising nurse of Unit K, serving in Vienna, Austria; organizer of the class work under the Red Cross Chapter in Pasadena, Calif.; organizer of the class work under the Red Cross Chapter in Merion, Pa.; enrollment, 1911.

Lake Division: Headquarters, 929 Garfield Building, Cleveland, Ohio. Mary M. Roberts, born in Cheboygan, Mich.; graduate of the Jewish Hospital, Cincinnati, Ohio; superintendent of nurses of the Savannah Hospital, Savannah, Ga.; assistant superintendent of the Jewish Hospital, Cincinnati, Ohio; acting superintendent of the Jewish Hospital, Cincinnati, Ohio; superintendent of Doctor Holmes' Private Hospital, Cincinnati, Ohio, (hospital closed for period of the war to free its staff for war work); 1914-1916, president of the Ohio State Association of Graduate Nurses; member of the State Board of Nurse Examiners; enrollment, 1914.

Central Division: Headquarters, 180 N. Wabash Street, Chicago, Ill. Minnie H. Ahrens, born in Chicago, Ill.; graduate of the Illinois Training School for Nurses, Chicago, Ill.; also of Teachers College, New York City; superintendent of the Chicago Homeopathic Hospital Training School for Nurses; superintendent of the Julia Burnham Hospital Training School for Nurses, Champaign, Ill.; superintendent of the Provident Hospital Training School for Nurses, Chicago; superintendent of the Infant Welfare Society, Chicago; gave up the latter position to accept the position of representative of the Nursing Service; is chairman of the Chicago Local Committee on Red Cross Nursing Service; is president of the Illinois State Association of Graduate Nurses; enrollment, 1911.

The Northern Division: Headquarters, 202 Essex Building, Minneapolis, Minn. Edith A. Barber, born in Welcome, Minn.; graduate of the Garfield Park Hospital, affiliated with the Illinois Training School for Nurses, Chicago, Ill.; superintendent of nurses of the Green Gables Sanatorium, Lincoln, Nebr.; member of the training school staff, University of Minnesota; operating room nurse in the Citizens' Hospital, New Kensing-

ton, Pa.; gave up the latter position to accept the position of representative of the Red Cross Nursing Service; enrollment, 1917.

Mountain Division: Headquarters, 14th and Welton Streets, Denver, Colo. Lettie G. Welch, born in Wakeman, Ohio; graduate of the Illinois Training School for Nurses, Chicago; superintendent of nurses at the City and County Hospital, Denver, for four years; member of the Colorado State Board of Nurse Examiners; chairman of the Colorado State Committee on Red Cross Nursing Service, since 1911; enrollment 1911.

Pacific Division: Headquarters, 942 Market Street, San Francisco, Calif. Lillian L. White, born in Canada, but is a citizen of the United States; lived in Nevada twenty years; graduate of the Protestant Episcopal Hospital, Philadelphia, Pa.; superintendent of nurses in Knoxville General Hospital, Knoxville, Tenn.; superintendent of nurses in the Merritt Hospital, Oakland, Calif.; superintendent of the Baby Hospital, Oakland, Calif.; assistant superintendent of nurses at the University of California, San Francisco, Calif.; gave up latter position to accept the position of representative of the Nursing Service; is chairman of the State Committee on Red Cross Nursing Service in northern California; enrollment, 1916.

Northwestern Division: Headquarters, White Building, Seattle, Wash. May S. Loomis, born in Franklin Grove, Ill.; graduate of the Illinois Training School for Nurses, Chicago; two and one half years surgeon's assistant, Ellensburg, Wash.; thirteen years in charge of operating rooms, Seattle General Hospital, Seattle, Wash.; two and one half years supervisor of nurses in the City Hospital, Seattle, Wash.; gave up latter position to accept position as representative of the Nursing Service; was president of the Washington State Nurses' Association; is secretary of the State Board of Nurse Examiners; has been chairman of the State Red Cross Committee on Nursing Service since 1912; enrollment, 1917. (Miss Loomis had been chairman of the State Committee in Washington for several years and was appointed at a time when it was not required that members of committees be enrolled.)

A special meeting of the division representatives was called at Red Cross Headquarters on October 19 and 20, and all were in attendance. Most interesting sessions were held, and all the activities of the Red Cross were discussed at length. After the more formal meetings, an opportunity was given for the representatives to visit the different departments of the Red Cross to familiarize themselves with their new duties.

There will be no special change in the general plan of enrollment beyond that of forwarding all applications through the Division office to Headquarters, so that the Division representative may keep in touch with the activities of the various committees, and may be informed as to the number enrolled in the various divisions. Until the decentralization is com-

plete, they will be sent direct to the various committees on Red Cross Nursing Service throughout the country.

RED CROSS STANDARDS FOR ENROLLMENT

On July 23, 1917, upon special request of Henry P. Davison, Chairman of the War Council of the American Red Cross, a meeting was called to discuss nursing problems in connection with Red Cross activities. Representatives of the Nursing Service, the Red Cross Committee on Coöperation, and the Medical Advisory Committee were asked to meet with Mr. Wadsworth and Mr. Davison, representing the Executive Committee and the War Council. The subject of nursing needs and the advisability of modifying the Red Cross standards for enrollment were discussed by the groups represented. After a general summing up of the situation by Miss Delano, the Chairman of the National Committee on Red Cross Nursing Service, Miss Nutting and Dr. Smith, members of the Committee, and George Wharton Pepper, as a member of the Committee on Coöperation, a special committee was appointed, with Miss Delano as chairman, to present a formal report of the meeting to the War Council, with a summary of their deliberations and formal recommendation. The following summary was submitted and finally adopted, not only by the committees represented, but by the War Council of the American Red Cross as well. These recommendations were based largely upon decisions of the National Committee on Red Cross Nursing Service adopted some time before the special committee was called.

The Special Committee on Nursing appointed by the War Council desires to express its approval of the general plan of enrollment of nurses as adopted by the National Committee on Red Cross Nursing Service. The modifications included in this plan may be summarized as follows:

1. That the lower age limit for Red Cross nurses be reduced to twenty-one years; and that the upper age limit be left indefinite, to be dealt with separately in each case according to the character of the service and the physical qualifications of the applicant.
2. That the requirements governing training schools be modified so as to qualify for Red Cross enrollment the graduates of schools which are recommended by State Boards of Registration as giving courses sufficiently thorough to prepare nurses for Red Cross service.
3. That, in order further to increase the supply of nurses, the schools giving a three-years' course of training be requested to advance the date of graduation of pupil nurses, should the exigencies of war such action seem desirable.
4. That in addition to the steps already taken to supply volunteer nurses' aids, which the Committee approves, it is recommended that the period of practical hospital experience for these volunteers be increased to one month of eight hours' service each day under the supervision of the Red Cross, and that Red Cross volunteer aids be used for service in our own country only, and that women under twenty-one years of age shall not be selected.

In view of the provision already made for the instruction of volunteer aids in connection with base hospitals and the large number of women who have completed the required course of theoretical instruction and whose names are on file in Washington, the Committee believes that the immediate extension of this service is not pressing, but approves of the authorization of civil hospitals to give this instruction to nurses' aids as needed, subject to the approval and under the direction of the American Red Cross, and recommends that only those hospitals approved by the State Board of Registration of nurses shall receive such authorization.

5. The Committee approves of the plan adopted by the National Committee on Red Cross Nursing for a special enrollment of public health nurses who shall be held available for public health work under the Red Cross, either in this country or abroad.

THE SECRET REMEDY BUSINESS

The January Bulletin of the North Carolina State Board of Health is devoted entirely to a discussion of the "patent medicine" business, or, more accurately speaking, the secret-remedy business. The editor of the Bulletin calls attention to the fact that, strictly speaking, a patent medicine is one whose formula is on file in a Patent Office, such as asperin or salvarsan, and that it therefore is not to be confounded with the secret remedies which are widely promoted through newspapers and otherwise. The Bulletin is made up largely of extracts from a recent report of the British Parliament Commission on "Fake Remedy Business." While much of the material relates to Great Britain, it is interesting to find that most of the British remedies are also exploited in this country, and a great many of them have had their origin in the United States.

The editor of the Bulletin treats the subject by giving examples of secret remedies, discussing tricks of the trade, commenting on the quantity of drugs consumed, and taking up various other topics, such as the relation of the press, the effects of patent medicines, and a plea for making the secret-remedy people publish their formulas.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE NIGHTINGALE SCHOOL AT BORDEAUX

In this department our readers have heard of the special crisis, or series of crises, that befell Dr. Anna Hamilton and her model school of nurses; first the bequest of a fine and most suitable estate in the environs of Bordeaux; then the great danger that the trustees might feel it necessary to sell the new land to factory enterprises and use the proceeds for current expenses in the present small, outgrown and totally inadequate hospital buildings; this, of course, *only* because of the terrible burdens resting upon France in every department of her community life, and then their agreement to wait for six months in order to make it possible for Dr. Hamilton to appeal for help. There is an American nurse in France, Miss Ellison, who has long been deeply interested in the nursing work of the Protestant Hospital at Bordeaux, and the latest word from Dr. Hamilton is that Miss Ellison has so well agitated the need for help there, that in England it became a question of live interest and Mrs. Bedford Fenwick was chosen as an expert to go with Miss Ellison to Bordeaux and make a report on the situation to an interested society in London. A letter received from Dr. Hamilton said she was expecting them the very next day! We share to the full Dr. Hamilton's expectancy and hopes. We know from our own visits that the school of the Protestant Hospital is, of all the nursing foundations and undertakings in France, *the* one preëminently where the principles of Florence Nightingale are known by heart and are duplicated in the ideals animating the school. As a result, the practice and technique, the spirit and atmosphere are those of the best and soundest nursing. Only an insufficient equipment hampers this excellent school for nurses. Next month we may have more to report. Meantime we still hope that contributions toward the new buildings may come from some one in America. Dr. Hamilton's appeal has appeared in some of our daily papers, and it seems to us that among those whose religious creed does not permit the direct support of war some wealthy and benevolent friend might be found whose care for humanity would be met by the opportunity to help Dr. Hamilton, for never has a life of unselfish effort been given more intelligently and more fruitfully than hers in the development of this work. Her plans for the new buildings have been extended to provide a diet kitchen for the instruction of the pupils. On this line, however, most young Frenchwomen are already far better instructed than American girls, for delicate cookery is a universal science in France.

CANADA AHEAD AGAIN

The election of Miss Roberts MacAdams of the Canadian Military Nursing Service to the Parliament of Alberta, as one of two representatives of the overseas troops of Canada, is about the most modern thing that has happened to the nursing profession anywhere. This, it is believed, is the first time that a nurse has been elected to a legislative assembly by soldiers. Even Florence Nightingale never had so unique a distinction as this given her by the grateful troops of the Crimea, whose gratitude, shown in every possible way, was confined to the channels open to it in the Victorian era. Yet gratitude alone probably does not account wholly for the votes cast for Miss MacAdams, but the belief that she will make an excellent member of Parliament was present as a strong factor. Suffragists everywhere, as well as nurses, are rejoicing over this interesting event.

BAD TEETH AND BACKWARD CHILDREN

The Public Health Nurses' Bulletin, issued by the Wisconsin Anti-Tuberculosis Association, says:

Just what difference it makes to children whether they have good teeth or bad teeth was illustrated experimentally in the Marion School in Cleveland, Ohio. All the children in the school were examined by dentists for oral disorders and forty of the worst cases were selected for purposes of experiment. The terms were explained to them. They were to permit their teeth to be put in perfect condition, after which they were to brush them three times daily, tooth brushes and powder being provided. Twenty-seven of the children conformed to the rules laid down, and were re-examined, physically and mentally a year later. The experiment demonstrated in its results that "by keeping the teeth and mouth in perfect condition, twenty-seven children almost doubled their mental ability and tremendously improved their physical condition," besides gaining moral regeneration in instances of truants and delinquents.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

VACCINATION FOR WHOOPING COUGH.—The *New York State Journal of Medicine* reports the results of the vaccination of 10,000 children against whooping cough. Less than 5 per cent acquired the disease. Two of the children were exposed to whooping cough immediately after being vaccinated, but did not contract the disease for a year. Thirty-five patients had the disease after vaccination, but in about half these cases it was in a modified form.

EYES AND MOVING PICTURES.—The *New Orleans Medical and Surgical Journal* concludes that under favorable conditions moving pictures do not cause as much fatigue as the same period of intent reading. Under unfavorable conditions they may cause unpleasant and harmful results. Usually when there is ocular discomfort the patient has some ocular defect. It is stated that no case of permanent harm to the eyes from this cause has been discovered in current literature.

MENACE OF MOUTH INFECTIONS.—The *Journal of the American Medical Association* in a summary of conclusions in an article on this subject says that chronic invalidism may be caused by mouth infections. The same cause may be responsible for many serious conditions, such as the enlargement of the thyroid gland, glycosuria, and possibly true diabetes mellitus, ulcer of the stomach, pyelitis, appendicitis, chronic colitis and others. Disturbances of the blood, heart, kidneys, joints, stomach and intestines are frequent from mouth infections. Pneumonia, especially that which follows influenza, may be caused by pneumococci long carried in the patient's mouth. Crowned teeth and bridge work are sources of danger, also imperfectly filled and dead teeth and the existence of pyorrhea alveolaris. Röntgenograms should be taken from time to time to show the state of the hidden parts.

ELECTRICAL STERILIZATION OF MILK.—A series of investigations has been carried out in Liverpool and reported in the *British Journal of State Medicine*. It has been found that the electrical method of treating milk will destroy the disease-bearing bacteria present in it. The milk-souring bacteria are either completely destroyed or rendered negligible. The milk will keep perfectly sweet for at least three or four days after the treatment. Chemical analysis has shown that the chemical constitution of the milk is unimpaired and the taste is unaltered. The electrically treated milk is free from tubercle bacilli. It is perfectly satisfactory as infants' food.

AIRPLANE AMBULANCE.—The *Medical Record* says a recent cablegram from Paris describes the testing of an airplane fitted with two stretchers for carrying wounded soldiers. The airplane ambulance has been constructed by the French Army Aeronautic Service and during a twelve-minute flight covered the equivalent of a twelve-mile journey. A French surgeon says this method of transportation is peculiarly adapted to conveying severely wounded; the equilibrium of the airplane is so perfect that there is no unnecessary pain to the patient.

HEMORRHAGE IN PREGNANCY.—In a paper on this subject in the *Boston Medical and Surgical Journal* the writer states that bleeding during pregnancy is always abnormal and calls for immediate and careful diagnosis of its cause. Placenta praevia announces itself by bleeding without pain, without apparent cause, frequently when the patient is sitting or lying down. If the pregnancy has continued more than three months it should excite instant suspicion.

BOTULISM.—In an article in the *Journal of the American Medical Association* on the danger of poisoning by vegetables canned by the cold pack method, the author states that he has examined a considerable quantity of fruit thus canned in which fermentation had begun, and he had found the *B. botulinus* present. Guinea pigs inoculated with cultures from this source died within twenty-four hours. He advises that all food preserved by the cold pack canning process should be thoroughly heated before being eaten, or even tasted.

CANCER INFECTION.—A writer in the *Maryland Medical Journal* says upon this point of supreme interest to nurses, that the contagiousness or infectiousness of cancer is far from being proved, the evidence to support this theory being so incomplete and inconclusive that the public need have no concern regarding it. The communication of cancer from man to man is so rare, if it really occurs at all, that it may be practically disregarded. Those in charge of, or in contact with, sufferers from external cancer with discharges need only take the same precautionary measures as would be adopted in the care of any ulcer, or open septic wound. There is much less danger to the attendant than there is of septic infection, or blood poisoning, from pus organisms.

ANTIPHONES.—The *Medical Record* suggests an "ear truss" for the use of students and others who wish to shut out noise for a time. The external meatus should be plugged with cotton and a pad laid over the tragus to cover the ear entirely. This should be held in place by a C-shaped spring. For a soldier, who must be able to hear the word of command, whistles, etc., an empty gelatine capsule of the proper size is warmed, oiled, and inserted in the meatus. Cotton tampons coated with vaseline, or plugs

of chewing gum covered with lint may be inserted in the ears to prevent patients on the operating table from overhearing chance remarks.

EXTENSION OF PRIVILEGE.—Harvard University announces that it will admit women to the classes in its medical department.

THE NORMAL EYE DEFECTIVE.—A writer in the *New York Medical Journal* states that after thirty years of study of the refraction of the eye under different conditions he is convinced that the normal eye has imperfect sight most of the time. In an examination of 20,000 school children it was found that the sight of individuals varied at different times of the day, the best being subject to lapses into imperfection. He advises eye training by means of the Snellen card, with this the vision improves and becomes better than the average normal eye. Children wearing glasses to benefit imperfect vision, pain and fatigue of the eyes and headache, were relieved so completely that they were able to discard their glasses and obtained more perfect sight and greater relief than their glasses had afforded.

MALARIA TREATED BY HYPODERMICS.—A writer in *Clinical Medicine* is of the opinion that the hypodermic injection of quinine and urea hydrochloride for malaria produces much better results than when quinine is given by mouth. When quinine is given by mouth there is often a coagulated condition of the stomach and bowels and therefore little or no absorption of the medicine. A calomel purge is first given.

COURT PLASTER NOT SURGICALLY CLEAN.—In *Public Health Reports* it is announced that out of thirteen specimens of court plaster examined, two were contaminated with tetanus bacilli. The specimens examined were obtained from drug stores, in the original packages as sold to consumers. It is not believed the contamination was intentional.

POTATOES IN BREAD.—The Paris letter of the *Journal of the American Medical Association* says that experiments have proved the value of the addition of potato to flour in making bread. The addition of boiled potatoes in the proportion of 20 per cent has been found to make the bread equally as good, if not better, than that now in use without it. It also keeps fresh longer. A round loaf cut ten days after it was baked was still fit for use.

CASTOR OIL AS A DRESSING.—A French medical journal recommends castor oil as a dressing for wounds. It never dries, so that gauze impregnated with it does not stick to the surface, even after prolonged contact. To counteract the odor, 0.4 cc. each of oil of thyme, lavender and eucalyptus were added to each liter of castor oil.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R. N.

KENTUCKY AND TENNESSEE—Nan L. Dorsey (The Moses Taylor Hospital, Scranton, Pa.), has resigned as superintendent of the District Nursing Association of Louisville and has accepted the appointment of assistant director of the Department of Health Conservation and Public Health Nursing of Peabody College for Teachers, Nashville, Tenn., and is, in addition, to organize the Public Health Nursing Association of that city. The president of the College is also president of the Public Health Nursing Association and the work will be closely affiliated with the College. The field work of both nurses and teachers in the College will be directed by Miss Dorsey. Dora M. Barnes, (Mt. Holyoke College, Johns Hopkins Hospital and Teachers College) is director of the Department. This is a wonderful opportunity for southern nurses and they will not fail to take advantage of it. Marie H. Bell (Sherman Hospital, Elgin, Ill.), a graduate of the Chicago School of Civics and Philanthropy and a former Visiting Nurse Association supervisor, has succeeded Miss Dorsey in Louisville.

MICHIGAN—Wanda Przlewski, formerly with the Infant Welfare Society of Chicago, writes from Jackson, where she is supervisor of the public health nurses in the Health Department:

The infant welfare has developed very well. Our prenatal work is started slowly, but nevertheless we are going to succeed in it. Fortunately contagion is very low and we can give more time to other phases of our work.

MONTANA—The Children's Bureau has recently added to its staff several public health nurses, including Mrs. Barbara H. Bartlett (Minneapolis City Hospital and Teachers College), who is at present in Wyoming, and Janet M. Geister (Sherman Hospital, Elgin, Ill., and The Chicago School of Civics and Philanthropy), who sends this message from Montana:

Ninety-eight miles from the nearest 'phone, railroad or telegraph wire. This work is fascinating. I never have met such splendid people as these ranchers, nor any in greater need of public health work. You have no idea of the isolation of these people. We drive miles and miles over dim trails, across the hills and buttes before we find the tiny little one-room shacks that folks live in. We can't possibly get back to this little community every night, we carry tarpaulins and sleep in haystacks. The experience is doing us a world of good. We leave in five minutes for some of the most beautiful country in the west, the Brakes, up by the Missouri River. We will travel by auto, afoot, horseback, and will not return until Sunday. I wear a khaki-colored flannel riding suit, mountain boots and not much else; when we go to bed we undress by taking off our hats and putting on heavy coats.

Mary Trihey (St. James Hospital, Butte), has been appointed county nurse for Teton County.

MAINE—The October Bulletin of the Maine Anti-Tuberculosis Association gives a list of the public health nurses in Maine. At present ten are working in various localities and five more are to be placed as soon as they can be found. Maine is having the same difficulty in filling old positions and new positions that other states seem to have. The Bulletin makes a plea for greater interest in public health from graduates of training schools and better preparation for public health nursing work. Probably there will always be a shortage of well-trained workers in every field of effort, but there are nurses enough in the country to fill many of these positions if knowledge of the necessary preparation could be brought to nurses able and sufficiently ambitious to avail themselves of it. Once the nurses are prepared for public health work, employers must learn to recognize the value of this preparation. In many places, now, it means additional responsibilities and decidedly inadequate compensation. However, nearly everyone knows that it is necessary for an untried worker to "deliver the goods" before her real value in any piece of work is appreciated, and nurses who have succeeded in making their work indispensable have not, as a rule, found it difficult to convince county and city boards and other agencies that good work is worth paying for. But we cannot put too much stress on the fact that hospital training is only the foundation for good public health nursing work; special training is absolutely essential for the average nurse who wants to succeed in this field. To quote from the Maine Bulletin:

No new fields have been organized because it seems impossible to find nurses "with the vision" for public health work. An excellent nurse for hospital or bedside care is not of necessity a good nurse for public health work in which there is practically no bedside care. A nurse quick to meet an emergency in bedside care, may be absolutely lost in trying to solve the economic, sanitary or social problems constantly confronting the public health nurse in fighting tuberculosis.

The very unusual woman may, perhaps, succeed in any position if given time to learn by her own mistakes, but most of us are not very unusual women and practical work under excellent supervision, and post graduate work are absolutely indispensable if we are going to succeed in helping to solve some of the many difficult problems in our public health campaign.

ILLINOIS—The public health nurses of Chicago have formed a Red Cross Auxiliary with a membership of nearly 100, and are meeting every other Sunday at the Chicago Nurses' Club House, to knit for the soldiers. At the first meeting, Ella Phillips Crandall spoke on the work of the joint Committee on Nursing Service, and Currie Breckenridge, recently home from France, spoke about nursing in French hospitals and with the American Ambulance in Paris. Mrs. William Hubbard, who was elected chairman of the Auxiliary, told us about the work of the various auxiliaries

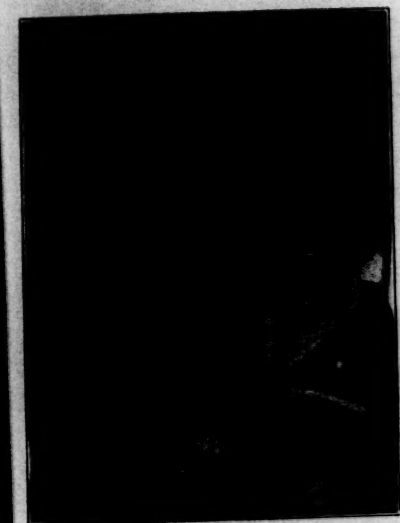
and how to form one. Helen W. Kelly, superintendent of School Nurses, and Rosalind Mackay, superintendent of the Tuberculosis Visiting Nurses, were elected vice-chairman and secretary of the Auxiliary.

A community nurse who seems to be very much interested in organizing a very new piece of public health nursing in a small town in Illinois, and whose previous work had been confined almost entirely to large cities, found that the difference between the two types of towns was very striking, although not entirely unsurmountable by a nurse who had had good training in social work as well as in the public health field. She writes as follows:

Physically the work is strenuous, but it is very much worth while. It is slow work and little co-operation was received until the worth of the venture had been demonstrated. The president of one prominent women's group, in discussing families with me, said: "We realize that we are pauperizing, but what is the remedy?" As in all small communities, the average citizen is intent upon his own business and his own home. He has no time for anything else and doesn't seem to think of himself as one of the community. Even when working with a group, he is so jealous of the good name of his own group that he is willing to interfere with the activities of any other group which seems in any way to overshadow his. One very influential man said: "The work is good and very necessary, but was not consulted before it was started, nor put on any committees, so why should my assistance be required now? I will do nothing to further the cause."

Many people passing through here in motors would think the country heavenly and poverty and suffering impossible in such surroundings, but I have not seen worse living conditions in Chicago than I have found in two or three spots here. Humanity seems very much the same; we have a goodly crop of disease and misery. If I can only teach all of them, not merely the handful of destitute poor, but every middle-class citizen in this little middle-class community, how to live sanely and wholesomely, I shall feel that my efforts have not been in vain, though I am being unmercifully snubbed and getting all sorts of hard knocks. I enjoy it, however; my first month was very difficult and I almost gave up, but a few people had become interested and they begged me to stay longer. Now I feel sure that the work is very nearly established and I am going to see results from it before long.

Nurses who have never worked in a small town may think this an unduly pessimistic letter. It is printed, however, to give us some idea of the mountains which our pioneer nurses must scale.



No. 1—BANDAGE MACHINE



No. 2—BANDAGE MACHINE



No. 3—ELECTRIC CUTTER



No. 4—ELECTRIC CUTTER

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborators: ADDA ELDREDGE, R.N., AND LAURA COLEMAN, R.N.

SURGICAL SUPPLY ROOM

BY JESSIE L. MACDONALD, R.N.

St. Luke's Hospital, Chicago, Illinois

The modern surgical supply room has been established with the definite purpose in view of producing, at a minimum expenditure of time, labor and money, the maximum of efficiency. Our staff comprises a supervisor with five nurses of the preliminary class. These nurses are taught to prepare, cut, fold and wrap the various surgical dressings, at the same time learning the use and method of applying each different one. They are also taught the sterilization, and reasons for asepsis.

The department has two rooms, one for raw material and unsterile supplies, the other for sterilizer and all sterile supplies. The rigid adherence to this arrangement prevents the danger of accidentally using unsterile dressings. The first room is equipped with long marble-topped tables used for folding, cutting and wrapping gauze, large rolls of paper on racks with knives for cutting it, a cupboard for storing material and dressings, and an electric cutter which will cut through seventy-five thicknesses of gauze with a rapid, even stroke. This is a wonderful time and labor-saving device, and gives a more even cut than is possible with knife or scissors. The second room contains the sterilizer and cupboards with bins for sterile supplies.

Next in importance is the bandage machine, operated by an electric motor, having twelve knives, which may be adjusted to cut any width of bandage desired, as the material passes over the roller, thus giving in a few minutes, twelve tightly-rolled, well-cut bandages ready to be distributed to the different floors and wards. This is determined by means of order books sent in each morning, a sufficient quantity for dressings for twenty-four hours being ordered.

With the exception of sponges, each dressing is wrapped separately in paper, and is opened only as it is required for use, thus avoiding danger of contamination through handling by inexperienced nurses.

The advantages of a central surgical supply room are numerous. The relative cost of maintaining the room is much less than the former system of having the supplies made in the different wards and floors. All clippings

from dressings and bandages, together with newspapers, are used in making absorbent pads. Nothing is wasted or thrown away. All nurses are taught the one method of preparation under close supervision, rather than being taught indifferently by various head nurses. Each floor and ward is assured of having the requisite number of dressings needed daily. Formerly the staff of a busy ward, where perhaps the greatest need was, would find it almost impossible to prepare the required amount. All dressings used have been sterilized within twenty-four hours.

THE VALUE OF TYPHOID VACCINATION

The following conclusions are reached by Major Russell, in an article in the *Journal of the American Medical Association*:

(1) That the inoculations are harmless in healthy persons is now well established. In our own cases not a single ill effect has been discovered among the 3644 inoculated, over 1400 of whom have been under observation by our assistant physicians for a period of four years, many having received two inoculations.

(2) That it confers almost absolute immunity against infection. Our typhoid rate has been reduced from 1 to 2 per cent to nothing.

(3) That the duration of immunity is not yet determined, but it is assuredly two and one half years, and probably longer. Immunity has lasted among those inoculated in 1911 and who were not re-inoculated for at least four years.

(4) That only in exceptional instances does its administration cause any appreciable degree of personal discomfort. None of our patients suffered any inconvenience.

(5) That it apparently protects against a chronic bacillus carrier and is at present the only known means by which a person can be protected against typhoid under all conditions. Previously all known precautions had been tried, but still a few cases developed each fall.

(6) That all persons whose professions or duties involve contact with the sick should be immunized. It is a well-established fact that attendants and nurses are more liable to typhoid infection than those engaged in other occupations—eight times as liable, according to the statistics of the Massachusetts General Hospital.

(7) That the general vaccination of the entire community is feasible and could be done without interfering with the general sanitary improvements, and should be done where the typhoid rate is high.

LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

NURSING IN INSTITUTIONS

Dear Editor: When I read your "Editorial Comment" in the January, 1917 JOURNAL, where you asked, "What is known of the nursing care of the sick in institutions for the blind, for the feeble minded, or in reformatories and prisons," I thought I would write and tell you something of my work in the Woman's Department of the Illinois State Penitentiary at Joliet. I am a graduate of one of the training schools of Illinois, class of 1905, and a registered nurse. After ten years of private duty nursing I took the state civil service examination for trained nurse. I was sent to the woman's prison, and have been here for seventeen months. I am the only nurse in the prison. I do not have anything to do with the work in the men's prison. There is no hospital in this department, but there is a small drug room. There is a resident doctor who comes over here two or three times a week, or as often as needed. As we have no operating room, we cannot do any major operations. We had a very successful one on a hand that was crushed and burned in the mangle in the laundry. When the women are sick they lie in their cells, which are very comfortable. There is a window, a toilet and running water in each one. I know that the reform schools for the boys and girls, and the state schools for the deaf and blind all have well equipped hospitals and nurses who are graduated from the state hospitals.

Illinois.

L. L. DeP.

SPRUE

Dear Editor: Sprue is a tropical disease to which foreigners are very susceptible; it attacks many business men and missionaries in the east. In India and Ceylon, cases have been known among the natives, but in Korea none have been reported as yet. The exact cause of the disease is not known, but considerable research work is being done to determine it; while bacteria and yeast have been suggested as the cause, mold is the most accepted theory. The symptoms are extreme emaciation, distressing flatulence, copious frothy gray stools, and sores in the mouth. In the treatment of this disease, physicians have advised diet and complete change of environment, such as leaving the tropics. A milk and egg diet, avoiding carbohydrates, is given. In the Philippines "606" has been given with fairly good results. A Korean missionary returned to America with this disease and lived in the southern part of California. After drinking a quart of orange juice every day for five months, she was reported cured. For the benefit of those who are returning to America with this disease, several physicians in different cities have made a study of it. One is located in San Francisco, another in New Orleans, still another in Chicago, and a fourth in New York City.

Korea.

D. M. B.

AS THE PLANT, THE FLOWER

Dear Editor: It is true that the measure of civilization may most nearly be determined by the care given the child. A girl, from her earliest childhood, should prepare herself for the most sacred duty of all, the bearing of

children. To prevent muscular insufficiency, the young girl should develop herself, as does the boy, with sports such as rowing, swimming, climbing, etc., all of which will make good, strong muscles. Healthy exercise of the whole body and careful and frequent bathing should form part of her daily routine. She should not lace, for by so doing, she retards the development of the generative organs. Diet is another important factor. Strong, steady nerves are as essential as good, sound muscles, and for this reason good, nourishing food, a nerve builder as well as muscle builder, must be eaten. It has taken long years of experience to teach us that the babe needs quantities of fresh air, should not be smothered in clothing, and that nine-tenths of the illnesses which prove fatal to young children are due to improper feeding. For this reason, the important organs of lactation should be given the greatest care from earliest girlhood. There is something in mother's milk, a life-giving something, that the finest chemistry cannot find or imitate. If these few but most essential rules be carried out, I feel sure that the coming generations will be such that we may be justly proud.

Virginia.

C. G. H.

"I WAS * * SICK * * AND YE VISITED ME NOT."

Dear Editor: While acting as registrar at a nurses' central directory in one of our large eastern cities, I was amazed to learn how many exceptions the nurses are taking to the cases to which they are called. Having a good many calls from neighboring towns, to which a nurse is not called unless she is absolutely needed, I found it almost impossible to fill the demand. When I called nurses who were registered for outside duty, I would receive such replies as these: "Oh, I cannot go away out there in the country." "It is too hard." "I won't go out of the city, I told you that before." Many similar replies were received, until I became discouraged and fearful. Sometimes, after going over a list of 30 nurses, I would be obliged to call on another registry (not under the same management) to fill the call. Once, when I called a nurse who was registered for outside duty, for an emergency case, at eleven p. m., the reply was: "I told you I did not take night duty. If they get a nurse tonight, I will go in the morning." She was evidently very indignant. The patient's friends were willing to send a cab, or do anything reasonable to obtain a nurse, for they were in distress. I told the physician in charge of the case that I had about fifteen nurses on the list and could not secure one for him. His reply was: "What are those nurses for? What do they expect? Must a patient have a disease just to fit their ideas of nursing before they will accept calls?" He finished his remarks by saying: "The practical nurses are fast winning the ground passed over by the trained nurses, because the trained nurses are too independent and too selfish to see the human side of it." There are today a great many trained nurses at the head of nursing organizations who have for years struggled hard to raise the standard of nursing. Will not these younger nurses who are making so many exceptions and limiting their profession, think of their pledges, broaden their views, endeavor to aid the physician in his work, and bring comfort and confidence to the sick and needy?

New York.

A. B.

LETTERS FROM RED CROSS NURSES

Dear Editor: We had an uneventful trip over, for which we are very thankful, and after several days at the port, we came to our temporary head-

quarters, a large place which was once a boys' school and later a French hospital. It is very comfortable here, and we enjoy the beautiful surroundings. There are many roses in bloom all around. Of course, we have no heat, but as we never expect to have any over here, we are trying to harden ourselves before we reach our hospital. We are the first Americans to be quartered here, and for some days we were objects of great interest to the townspeople, but now they are getting used to us. They are very hospitable and courteous, and the children are quite a relief after the spoiled Americans we are used to. They are excessively polite at all times. I would like the nurses who are still to come over to know that they should be well prepared for a cold, damp and rainy winter. The cold here penetrates everything. Here are some of the things that most of us didn't know would be expensive and hard to get over here, and very badly needed: A sterno outfit, plenty of soap, toilet and laundry both; stationery, which is twice as dear here as in the United States; paper napkins, as none are provided in the mess; tissue paper, and a kit containing knife, fork, spoon, cup, and covered dish. We have also found a small pillow very handy, as the French use a hard, round bolster, which feels like a block of wood. All of our unit either had to buy most of these things at high prices, or send to the United States for them. I don't believe anyone will ever be able to wear the French shoes, as they all have such a short vamp, and the cobblestones here wear out shoes very quickly, so everyone should come with a good stock of shoes. We were able to get some things we needed, in the town we are staying in at present, but some of the units that will come, may not be stationed at a place where they can buy the articles needed, and of course near the firing line there is nothing to be bought at all. No matter what may be before us, I don't believe any of us regret that we came, for we shall all be needed here.

France.

M. K. F.

A LETTER FROM A CONTRIBUTOR TO THE RELIEF FUND

My dear Mrs. Twiss:

This past summer I went to see my sister, who was very sick in Amherst, Nova Scotia. She had been living there for some years, on account of her health, although she was born in Brooklyn. She fell asleep on September 7th, but before leaving me she spoke about the Fund for sick nurses, expressing the wish that I would have her watch, chain, rings, and other bits of her jewelry, melted, and the money given to the Fund. I have carried out her wish and am sending you the money. My sister, Kate Annabel Morrison, was not a nurse, but loved all nurses for her sister's sake, so she has sent the money with a great deal of love and sympathy to the sick and helpless nurses. May I have this letter published in memory of my sister?

Brooklyn, N. Y.

M. M. M., R.N.

A CORRECTION

In the November issue of the JOURNAL, an article, *Is Nursing a Profession?* was credited to Emily C. Covert, *North Carolina*. Instead of *North Carolina*, read *Minneapolis, Minnesota*. We regret the error, which was due to this office.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

AMERICAN NURSES' ASSOCIATION

Nurses' Relief Fund, Report for October, 1917

Receipts

Previously acknowledged	\$2,571.89
Interest on bond	20.00
Cheque returned from application No. 9, not required	10.00
Alumnae Association of the Massachusetts General Hospital, Boston	50.00
Lily A. Heward, Orange, N. J.	1.00
Milwaukee County Hospital Nurses' Alumnae Association	5.00
Canton Graduate Nurses' Association, Canton, Ohio	25.00
Nurses' Alumnae Association, St. Joseph's Hospital, Philadelphia	25.00
Bertha M. Beck, St. Joseph's Hospital Alumnae Association, Philadelphia	5.00

Janette Peterson, Chairman California State Nurses Association:

Alameda County.

Julia Ryan, Oakland	\$1.00
Catherine C. Martin, Berkeley	2.00
Mrs. Rita Kerr Rieley, Oakland	2.00
Mrs. H. A. Coggins, Oakland	2.00
Neillie M. Burns, Oakland	1.00
Celia J. Carlos, Oakland	1.00
Gessie E. Jones, Madison, Yolo Co.	1.00
Mrs. Josephine K. Hayes, Oakland	1.00
Margaret Shannon, Oakland	5.00
Lillian Hans, Berkeley	1.00
Miss J. Brenner, Berkeley	1.00
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	18.00

San Diego County.

Mrs. Lucy E. Winters	\$5.00
Daisy M. Hanscom	5.00
Mary A. Jacobson, San Diego	5.00
Laura Lea, San Diego	5.00
Laura V. Allenson, San Diego	5.00
Anna Suter, San Diego	5.00
Clara Grice, LaJolla	1.00
Mary Ellen Kershaw	5.00
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	36.00

Santa Clara County.

Louise Groth, Santa Clara	1.00
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Los Angeles County.

Marie M. Delamere, Pasadena	\$2.00
Harriet M. Delamere, Pasadena	1.00
A friend, Pasadena	1.00
Anna Seright, Pasadena	1.00
Emily Little, Pasadena50
Ellen R. Leidigh, Los Angeles	2.00
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	7.50

Mrs. G. M. Pickering, Woodbourne, Pa.	1.10
Rubie L. Cameron, Worcester, Mass.	2.00
Janet Fisher, Houston, Texas	1.00
Marietta B. Squire, Newark, N. J.	1.00
Mary Rebecca Noble, Pittsburgh, Pa.	1.00

Arkansas State Graduate Nurses' Association	125.00
Alumnae Association of the New York City Training School	25.00
Charity Hospital Alumnae Association, New Orleans, La.	10.00
Ethel Sherman, Berkeley, Cal.	1.00
Fifth District Association of the Illinois State Assn.	10.00
In memory of Kate Annabel Morrison, Brooklyn, N. Y.	21.48

\$2,973.97

Disbursements

Application approved No. 1, 33rd payment	\$5.00
Application approved No. 2, 22nd payment	5.00
Application approved No. 6, 18th payment	15.00
Application approved No. 7, 12th payment	15.00
Application approved No. 11, 9th payment	10.00
Application approved No. 12, 7th payment	10.00
Liberty Loan Bond	1,000.00
	<hr/> 1,060.00

\$ 1,913.97

16 bonds, par value	16,000.00
2 certificates of stock	2,000.00
4 Liberty Loan Bonds	4,000.00

Balance November 1, 1917\$23,913.67

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address Elizabeth E. Golding, Chairman, care American Journal of Nursing, 45 South Union Street, Rochester, N. Y.

M. LOUISE TWISS, Treasurer.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

The Committee in charge of this Fund wishes to call the attention of prospective students to the four places in which scholarships granted by this Fund can be used: Cleveland, Chicago, Boston and New York City. All applications received during the past twelve months have been for the two latter places, but the advantages for taking courses in Public Health Nursing in either Cleveland or Chicago should not be overlooked. A descriptive circular of the scholarships offered will be sent on request. Applications for the present year are closed, but those for next winter can be made at any time. Address the secretary, Katharine DeWitt, 45 South Union Street, Rochester, N. Y.

THE McISAAC LOAN FUND

Loans not exceeding \$100 are made from this fund for educational purposes. The Fund now amounts to \$728.50. It is hoped that it may be augmented by gifts in memory of Isabel McIsaac from her former pupils or friends or by any who have been helped by her life or her work. Contributions should be sent to the treasurer of the Fund, Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.

WAR INSURANCE

The new bill for War Insurance which applies to nurses, as well as to soldiers and sailors, is too long and complicated to quote in full. The following extracts from a statement by the Assistant Secretary of the Treasury in regard to its provisions will make clear the provisions of the measure:

"Compensation for death or disability resulting from injuries or disease contracted in the line of duty applies to commissioned officers and Army and Navy nurses as well as to the enlisted men. Where the injury or disease is caused by the wilful misconduct of the man, compensation will not be paid. * * * In case of total disability, the monthly compensation runs from a minimum of \$30, if the injured man has neither wife nor child living, to a maximum of \$75, if he has a wife and three or more children living, with \$10 a month extra if he has a widowed mother dependent upon him. The maximum is enlarged still further for, when the disabled man constantly requires a nurse or attendant, twenty dollars monthly may be added. If the disability is due to the loss of both feet, both hands, or total blindness of both eyes, or if he is helpless and permanently bedridden, \$100 monthly is granted. In cases of partial disability, the amount of compensation is determined according to a schedule to be based upon the extent of the impairment of earning capacity. Reasonable governmental medical, surgical and hospital services and supplies, such as artificial limbs and trusses, are also given. No compensation is payable for death or disabilities which do not occur prior to discharge or resignation, unless the insured, within one year of the time of resignation, is certified to have received injuries likely to result in death or disability. The law contemplates future legislation for re-education and vocational training for the disabled. It gives them full pay and their families the same allowance as for the last month of actual service during the term of re-education. The insurance may be applied for by all officers, nurses and enlisted men, and is granted without medical examination in multiples of \$500. The insurance shall not be less than \$1000 and not more than \$10,000. The Government assumes the entire war risk and the entire cost of administration. The rates charged are net peace rates. During the war, yearly term insurance is issued convertible within five years after the war into more permanent forms. The term insurance costs a man of 25 only \$6.60 a month for the entire \$10,000 insurance. The insurance is to be paid out in 240 monthly installments; to the insured during the continuance of the total and permanent disability and if he dies before he has received 240 installments, then the balance to certain members of his family after his death."

COMMITTEE ON NURSING.

The report of the Committee on Nursing of the General Medical Board of the Council of National Defense, made to the General Medical Board on October 21, by the secretary, Miss Crandall, summarizes the recent work of the Committee under the following heads, which we give in brief:

1. The object of its work is to determine the present supply and to ensure a continuous supply of graduate nurses for military and civil needs. It also wishes to prove that American nurses, with the help of others more or less equipped, can meet the demands of the Army and Navy and will not ignore or neglect their duty toward the civilian population.

2. The survey being made by the various states will show the available nursing strength of the country. The result of the survey in New York City has been presented in printed form.

3. While waiting for the results of the survey, a questionnaire has shown: (a) no serious shortage of nurses now; (b) in addition to the usual 13,000 graduates of the coming year, 1200 seniors can be released in January and February instead of in the following June; (c) many seniors are being assigned

to practice work, under supervision, in public health work, thereby relieving the shortage there; (d) 2600 students, above the usual number, have entered schools of nursing this fall. There is also an advance in their educational qualifications which may make possible the use of seniors, later, as head nurses, or the course of training may be somewhat shortened for them; (e) private duty nurses are entering other fields of nursing work; (f) the Sub-committee on Public Health Nursing has been able to nominate to the Red Cross, suitable candidates for public health work in the cantonments or abroad.

4. The Committee's efforts to augment the supply of nurses and at the same time to preserve the system of nursing education to meet future needs, as well as those of the present, are in accord with the experience of the medical profession. The support of the General Medical Board in these efforts is appreciated.

5. The Committee's effort has the endorsement of the Committee on Co-operation with States and of the Woman's Committee.

6. The Committee realizes that its work has only begun.

7. An analysis of the general correspondence will point the way for further developments.

8. Another volunteer worker has been added to the staff.

9. A campaign of publicity is being conducted through newspapers and magazines.

10. State committees on nursing have been formed or are being formed in all the states.

11. Work touching reconstruction hospitals was begun, but has been suspended because it is being handled by another committee.

12. The Committee through one of its members has concerned itself to have Army and Navy nurses included in the compensation benefits of the new Insurance Law, as well as in the insurance.

13. The Committee will try to help training schools to secure added funds to care for their increased schools.

14. The Committee is not confining its work to Washington, but is endeavoring to strengthen and co-ordinate nursing with lay interests in all parts of the United States.

ARMY NURSE CORPS

Appointments.—Hazel W. Miller, graduate of St. Luke's Hospital, Chicago, Ill.; Addie B. Ament, St. Joseph's Training School, Tacoma, Wash.; Susie Alice Clark, Tacoma General Hospital, Tacoma, Wash.; Emily L. McLean, Aberdeen General Hospital, Aberdeen, Wash., post graduate course, two months, St. Luke's Hospital, San Francisco, Cal., three months, St. Joseph's Training School, Tacoma, Wash.; assigned to duty at Camp Lewis, American Lake, Washington. Camilla G. Booth, Michael Reese Hospital Training School, Chicago, Ill.; Jane Flynn, Friends' Hospital Training School, Philadelphia, Pa.; Mabel C. O'Hara, St. Peter's General Training School, New Brunswick, N. J., assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.; Lillian B. Raines, Waverly Hill Sanatorium, Louisville, Ky., assigned to duty at Camp Taylor, Louisville, Ky.; Lella Ione Given, Cottage Hospital, Creston, Iowa, post graduate course in Woman's Hospital, New York, one year assistant superintendent, Woman's Hospital, Nashville, Tenn.; Beattie M. Gwin, St. Mary's Training School, Walla Walla, Wash.; Caroline L. Martin, Fabiola Hospital Training School for Nurses, Oakland, California.

Transfers.—To Camp MacArthur, Waco, Tex.: Callie D. Woodley, with assignment to duty as chief nurse; Anna R. Smith, Elizabeth A. Snyder. To Camp Lee, Petersburg, Va.: Mary Beecroft, with assignment to duty as chief nurse. To Camp Wadsworth, Spartanburg, S. C.; Edna M. Beyrer, with assignment to duty as chief nurse; Margaret Mullen. To Fort Monroe, Va.: Laura C. Heston, with assignment to duty as temporary chief nurse; Mary R. McHarry. To Walter Reed General Hospital, Takoma Park, D. C.: Mildred C. Brown. To Camp Shelby, Hattiesburg, Miss.: Josephine E. Heffernan, with assignment to duty as chief nurse; Amelia I. Goodine, Mary A. Lafferty. To Camp Gordon, Atlanta, Ga.: Pauline Doe, with assignment to duty as chief nurse. To Camp Sherman, Chillicothe, Ohio: Catherine L. Leary, with assignment to duty as chief nurse. To Honolulu, H. T.: Angela V. Hayes. To Department Hospital, Manila, P. I.: Marie I. Caldwell. To Letterman General Hospital, San Francisco, Cal.: Margaret McCarthy, Bessie E. Cowdery. To Fort Myer, Va.: Elizabeth I. May, Edith M. Prosser, Harriet E. Kingston. To Fort McPherson, Ga.: Lillian Aubert, with assignment to duty as chief nurse; Marsley Buckley, Katherine F. Crowley. To Camp Hospital, Douglas, Ariz.: Rosanna M. King, with assignment to duty as chief nurse. To Camp Grant, Rockford, Ill.: Sophie M. Burns, with assignment to duty as chief nurse; Millicent E. King. To Camp Lewis, American Lake, Wash.: Jennie T. Booth, with assignment to duty as chief nurse; Inga J. Qually. To Base Hospital, Fort Riley, Kan.: Elizabeth Harding, with assignment to duty as chief nurse; Anna H. Johnson. To Camp Devens, Ayer, Mass.: Jane Molloy, with assignment to duty as chief nurse; M. Eliza Weaverling. To Camp Custer, Battle Creek, Mich.: C. Lulu Mustaine, with assignment to duty as chief nurse. To Camp Jackson, Columbia, S. C.: Nellie E. Davis, with assignment to duty as chief nurse. To Army and Navy General Hospital, Hot Springs, Ark.: Mabel O. Staver, with assignment to duty as chief nurse. To Camp Bowie, Fort Worth, Tex.: Gertrude H. Lustig, with assignment to duty as chief nurse. To Camp Sevier, Greenville, S. C.: Sayres L. Milliken, with assignment to duty as chief nurse; Josephine Palmes, Agnes F. James. To Fort Snelling, Minn.: Agnes Cameron, with assignment to duty as chief nurse. To Camp Taylor, Louisville, Ky.: Anne L. Gallagher, with assignment to duty as chief nurse. To American Red Cross Military Hospital, (service in Europe): Grace E. Leonard, with assignment to duty as chief nurse; Ruth L. Branch, Nellie V. Brookbanks, Mary A. Buzzard, Marion Cope, Anna Ednie, Lena B. Granner, Sara F. Kern, E. Norma Purcell, Ruth M. Randall, Ella M. Tindall, Margaret H. Trenham, Olive M. Wyles, Leonora P. Brady.

Resignations.—Nellie I. Culliton, Ruth L. Schreiner, Augusta Aksamit, Beatrice G. Clements.

Discharges.—Elizabeth A. Ryan.

RESERVE NURSES—ARMY NURSE CORPS

Assignments.—To Camp Hospital, Camp Albert L. Mills, Hempstead, L. I., from Parkersburg, W. Va., Mary C. Hanley; from Wheeling, W. Va., Charlotte J. Hassig, Annabel Wynters; from Warwood, W. Va., Luella L. Ross; from Cleveland, Ohio, Leota Effie Stanley; from Buffalo, N. Y., Florence K. Young, Augusta C. Dane, Anna McCleary; from Gloversville, N. Y., Blanche H. Eager; from New York, N. Y., Rebecca Croner; from Jacksonville, Fla., Elizabeth C. Reits. To Base Hospital, Camp Beauregard, Alexandria, La., from Geneva, N. Y., Mary Eva Spillings, Susan C. Hearle, with assignment to duty as chief

nurse; Mary Agnes O'Neill, Eliza Windsor; from Albany, N. Y., Cora I. Mitchell. To Base Hospital, Camp Bowie, Forth Worth, Tex., from Chicago, Ill., Blanche A. Wiseman, Agnes T. Croner, Ida May Stunts, Catherine Thompson; from Ogden, Utah, Ruth C. Hansen; from Oshkosh, Wis., Anne Catherine Hildebrand; from Dallas, Tex., Myrtle Pearl Crutchfield. To Base Hospital, Camp Cody, Deming, N. Mex., from Los Angeles, Cal., Eunice L. Brigham; from Raton, N. Mex., Daisy C. Shields; from Sioux City, Iowa, Elizabeth A. Quinn. To Base Hospital, Camp Custer, Battle Creek, Mich., from Kalamazoo, Mich., Lora M. Timmons; from Greenwich, Conn., Mabel M. Crawford; from Detroit, Mich., Annie C. Kendrick, Rhea Gettings, Emma R. Cross. To Base Hospital, Camp Devens, Ayer, Mass., from Whitensburg, Mass., Shannan M. McFadden; from Cambridge, Mass., Mary Ellen Bowen; from Rochester, N. Y., Bessie M. Bodell; from West Newton, Mass., Frances E. Crosby; from Saugus, Mass., Mabel C. Willey; from Salem, Mass., Bessie G. Deering; from Boston, Mass., Leona S. Mellish, Fannie Burham, Elsie M. Harrington, Sara May Glass, Eva Marion Wallace; from Worcester, Mass., Agnes F. Smith, Mary Agnes Manning, Jennie L. Row; from Melrose, Mass., Amelia L. Smith; from Saratoga, N. Y., Phoebe J. Clothier; from Malden, Mass., Mabel P. Chapman; from Framingham, Mass., Ida A. Gillis; from Andover, Mass., Lillian H. Hulme; from New Bedford, Mass., Annie F. Isherwood, Katherine H. McLeod; from Newport, R. I., Anna Kane, Dorothy Spence; from Syracuse, N. Y., Clara H. Landis, Lillian B. Maxson; from Fall River, Mass., Florence Walkden; from Gloucester, Mass., Grace Isabel Linscott; from New York, N. Y., Bertha T. McHarg; from Concord, N. H., Margaret Clara O'Hara; from Jamaica Plain, Boston, Mass., Hilda Christina Hedlund; from Brookline, Mass., Maud C. Andrews. To Base Hospital, Camp Dodge, Des Moines, Iowa, Sarah Ann Pennington, Emma L. Benson, Mary Adelaide Newlove, Lauretta Hegy, Sarah Louise Olson, Betty V. Johnston, Esther E. Oswood, Rachel Estelle Campbell, with assignment to duty as chief nurse; from Mason City, Iowa, Amelia Louise Huxsol; from Plano, Iowa, Ella L. Ball; from Mustaine, Iowa, Leta Althaus; from Mankato, Minn., Emma C. Docken; from Salix, Iowa, Florence E. Edgecumbe; from Davenport, Iowa, Jane Garrad, Ella H. Horst; from Iowa Falls, Iowa, Caroline Johnson; from Marion, Iowa, Helen A. Johnson; from Nevada, Iowa, Olga V. Peterson. To Camp Hospital, Douglas, Ariz., from Washington, D. C., Daisey E. Wells; from Scott City, Kan., Martha C. Cretcher; from Hinton, W. Va., Catherine Mannix. To Post Hospital, Fort Ethan Allen, Vt., from Clarksburg, W. Va., Margaret Mary Joyce, Kathleen Binns. To U. S. Army Base Hospital, Fort Riley, Kan., from New York, N. Y., Mary E. Small, Kathryn T. Farrell; from Riverpoint, R. I., Elizabeth J. Burns; from Bristol, R. I., Catherine H. Callen; from North Great Falls, Mont., Clara M. L. Ruff; from Great Falls, Mont., Cora V. Craig, Effie Louise Fowler, Emeline Goncy; from Missoula, Mont., May Alice Hassett; from Miles City, Mont., Louise A. Lindenburg; from Helena, Mont., Margaretha Blankvoort; from Butte, Mont., Annabelle Dorothy Frey; from Columbus, Mont., Elizabeth Dorothy Sandelius; from Lodge, Mont., Alice A. Becklen, Margaret M. Macawley; from Livingston, Mont., Anna C. H. Christensen; from Sioux City, Iowa, Katherine Aten, Harriet Beckley, Frances J. Cranker, Mary Ure; from Omaha, Nebr., Carrie A. Kolarik; from Rochester, Minn., Lucy Urban; from Billings, Mont., Agnes Rasmussen, Minnie Barrow, Dora Macklenburg; from Box Elder, Mont., Henrietta Vinyard. To Base Hospital, Camp Grant, Rockford, Ill., from New York, N. Y., Elona N. Underwood, Sarah C. Engvall, Eleanor Marion Evans, Abbie L. Heller, Cassie Janu-

ary, Louise B. Purdy; from Brownsville, Vt., Eudora C. Sykes; from Davenport, Iowa, Wilhelmine K. Hohnsbeen; from Fort Dodge, Iowa, Jean Louise Hamaker; from Black Hawk, S. D., Anna M. Black; from Creston, Iowa, Alice Anna Bolton; from New Haven, Conn., Rose M. Heaven, Clara Lockwood, Madeline L. Tuttle; from Chicago, Ill., Julia K. MacCollaster, Mabel Morgan, Sarah Altman, Lucile M. Reeds, Anna Bruce, Mabel G. Riley, Jennie Robertson; from Bottineau, N. D., Ethel Beyer; from Peru, Ind., Mable Gray Munro; from Rockford, Ill., Isabel H. Armstrong, Margaret Wray, Margaret Robertson, Helen R. Wray; from New Bedford, Mass., Annie P. Allen; from Newport, R. I., Alice G. Bergin; from Derby, Conn., Lida Bodfish; from Philadelphia, Pa., F. Helen Clarke; from North Crystal Lake, Ill., Edith L. Dike; from Waterbury, Conn., Clara Griffen, Isabel McInnis; from Terre Haute, Ind., Maude H. Hager; from Baltimore, Md., Mary Latchford; from Meriden, Conn., Jacobina B. Riecke. To Base Hospital, Camp Jackson, Columbia, S. C., from Charleston, W. Va., Lotta Anglin, Ossie Marie Knapp; from Atlanta, Ga., Florence Atwell, Marie Williams, Ethel A. Moore; from Montgomery, Ala., Anna M. Laird; from Clendenin, W. Va., Clara Alice Samples; from Springfield, Ga., Lucia Massee; from Presque Isle, Me., Pearl W. Pennington; from Huntington, W. Va., Laura W. Bryant; from Orlando, Fla., Elva L. Reeve; from Statesbury, W. Va., Mildred Mae Ripley; from Plainfield, N. J., Harriet Connelly. To Base Hospital, Camp Lee, Petersburg, Va., from Baltimore, Md., Laura B. Shinn, Teresa A. Stromberg, Julia H. Bradfield, Louise P. Yale, Lillian E. Ralther, Edith B. Applegate, Margaret B. Caffisch, Alice Harris Elgin, Mabel L. Standiford, Charlotte M. Friend, Kittle J. Gerber, Golden R. Grosh, Lucy Lee Harvey, Martha E. James, Rebecca T. Steen, Reba A. Wentz; from Frederick, Md., Margaret H. Hughes; from Richmond, Va., Anna James Hester; from Trenton, N. J., Margaret C. Grey; from Washington, D. C., Beatrice Edith Sternberg, Mary B. Moylan; from Minneapolis, Minn., Mabel A. White. To Base Hospital, Camp Lewis, American Lake, Wash., from La Grande, Ore., Emma Woods; from Los Angeles, Cal., Anna F. Harrington, Julia A. Henry; from Ventura, Cal., Mary Bourke; from Tujunga, Cal., Stella Bessie Wieman. To Letterman General Hospital, San Francisco, Cal., from San Francisco, Cal., Mrs. Amelia S. Crane, Sarah A. Maguire; from Stockton, Cal., Anne Hendry; from Bakersfield, Cal., Ethel M. Cardwell; from Salt Lake City, Dora Askew, Evelyn Carrier. To Post Hospital, Fort Monroe, Va., from Charleston, W. Va., Elizabeth Young, Maud L. Cochran; from New York, N. Y., Anna A. Walz, Emma J. Myers, Carolyn Frey; from Garnett, S. C., Mrs. Maud Richardson Hopkins. To Base Hospital, Camp Pike, Little Rock, Ark., from Omaha, Nebr., Esther Anna Compton, Ernestine Larsen, Luella Larsen; from Fort Smith, Ark., Cora B. Hoy; from Minneapolis, Minn., Anna McFadden; from Aurora, Ill., Agnes M. Munson, Frances P. Switzer. To Base Hospital, Camp MacArthur, Waco, Tex., from Fort Wayne, Ind., L. Ellen Zirkle; from Unionville, Mo., Margaret Acres; from Topeka, Kan., Alma H. Bretz, Minnie L. Delander, Winifred Harr; from Indianapolis, Ind., Elizabeth C. Busch, Lillian F. Greene, Helen Hyland; from Linfield, Kan., Anna Coffey; from Pollock, Mo., Ferne Edwards; from Jacksonville, Fla., Mabel M. Ford; from Washington, D. C., Sara E. Gore, Laura M. Haupt; from Kansas City, Mo., Zoa Hall; from Collingwood, N. J., Mary I. Hammell; from Brattleboro, Vt., Elizabeth M. Hennessey; from Burlington, Vt., Frances S. Learned, Marie Reeve; from St. Johnsbury, Vt., Elizabeth E. Miller; from Boise, Idaho, Cora W. Palmer; from St. Joseph, Mo., Nora F. Swartz; from Augusta, Ga., Louise Talbot; from Wilmington, N. C., Lois

Toomer; from South Burlington, Vt., Luella M. Wheeler. To Base Hospital, Fort McPherson, Ga., from Philadelphia, Pa., Augusta L. Schweizerhof; from East Orange, N. J., Frances W. Crowell; from Washington, D. C., Mabel Lillian Day, Mary M. McCallister, Elsie Meredith, Margaret E. Reamy, Susan D. Torrey, Margaret S. Trent; from New Brunswick, N. J., Katherine C. Hannan; from Lyndhurst, N. J., Anna H. Osback; from Thomasville, Ga., Anna Valer; from Mountville, Pa., Gertrude M. Weaver; from Jersey City, N. J., Mary P. Young. To Base Hospital, Camp Wadsworth, Spartanburg, S. C., from Berwick, Maine, Georgina Durant; from Framingham, Mass., Ella W. Wilcox; from Towson, Md., Florence P. Kennedy, Elizabeth C. Patton; from New York, N. Y., Myrtle V. Carter, Dorothy M. Salmon, Susan Staples. To Base Hospital, Camp Wheeler, Ga., from Broken Bow, Nebr., Alice C. Beattie, with assignment to duty as chief nurse; from Birmingham, Ala., Jeanette Scurlock, Mildred Genevieve Smith; from Troy, N. Y., A. Frances Bachan. To Walter Reed General Hospital, Takoma Park, D. C., from Scranton, Pa., Ruth Boyd Belles; from Millville, Mass., Florence J. Dolan; from New York, N. Y., Mary E. Cameron, Rose Regonini, Alice Robinson, Blanche Basson, Daisy Owens Mitchell; from White Plains, N. Y., Annie Jean McCallan; from Aquetong, Pa., Grace Ernest Hill; from Akron, Ohio, Mary Kalber; from Philadelphia, Pa., Anne Horton. To Base Hospital, Camp Taylor, Louisville, Ky., from Louisville, Ky., Maude Belle Sweeney, Molla Lee Burke, Nannie McDonald Eustaphieve, Grace Coulter, Catherine Hooe. To Base Hospital, Camp Sherman, Chillicothe, Ohio, from Akron, Ohio, Marsia B. Foster, from Cincinnati, Ohio, Mary L. Wright, Ida May Wellner, May C. Root, Estelle Jane Trusler, Flora Schumacher; from Columbus, Ohio, Matilda Ann Hall, Julia J. Donohue, Alice M. Greene, Nelle Martin, Harriet Lillian Stiles; from Springfield, Ohio, Adelaide Brewster; from Baltimore, Md., Hilda Pfefferkom, Mary C. Zang, Hazel L. Price; from Towson, Md., Mary Jane Hade, Winifred Culbertson; from Toledo, Ohio, Delilah Packer, Ada Catherine Cooper, Minnie K. Fritz, Louise Mehrling, Abbie M. Demert; from Saratoga, N. Y., Mary E. Maher; from New York, N. Y., Frances Galligan; from Chicago, Ill., Mary Bohan, Ethel M. Taylor; from Cleveland, Ohio, Estelle M. Holcomb, Sadie Smith, Eva Raatikainen; from Lima, Ohio, Ada C. Becker, Josephine A. Lyons, Carrie Palmer. To Base Hospital, Camp Shelby, Hattiesburg, Miss., from Houston, Tex., Harriet Mae, Mary B. Massman; from Birmingham, Ala., Lucy C. Maguire, Mattie L. Hinson, Bertha Steele; from New Orleans, La., Mattie McKendrick; from Memphis, Tenn., Clara E. Janett; from Brookland, D. C., Katherine M. Jolliffe; from Washington, D. C., Laura Eillen Stewart; from Kingston, Pa., E. Pearl Wardin; from Baltimore, Md., Bessie Littig; from New York, N. Y., Nellie Hendrick, Grace Clarke, Mabel Clarke; from Buffalo, N. Y., Anastasis Artis, Agnes V. O'Brien; from Brooklyn, N. Y., Della A. Fergus; from Kansas City, Mo., Ina Harold, Martha Louise Nienke, Marie L. Shannon; from Charleston, W. Va., Frances M. Hodges, Lillian Schreiner; from Detroit, Mich., Mary G. MacDonald, Catherine Grace Miltner, Louise H. Owens; from New Orleans, La., Gussie Melancon; from Cedar Rapids, Iowa, Louise M. Mohr; from Jacksonville, Fla., Ruby G. Thomson; from Fort Wayne, Ind., Martha Zollman. To Base Hospital, Camp Sevier, Greenville, S. C., from Hanover, N. H., Eva M. Nelson, Flora Cady, Nettie E. Edmunds; from Washington, D. C., Ella Mabelle McLeod, Mottie Good; from New York, N. Y., Virginia P. Gibbes, Lois Soule; from Portsmouth, N. H., Eva P. Canfield; from Passaic, N. J., Margaret L. Cochran, Agnes Considine, Katherine Fox; from Highland Falls, N. Y.,

Pauline Klittke; from Charleston, W. Va., Margaret M. McGraw, Pearl Moore; from Lisbon, N. H., Marion F. McKay; from Elmira, N. Y., Eudora Sornberger; from Woolaston, Mass., Helen R. Tolman; from Canton, Mass., Villa Treffrey; from Petersburg, Va., Nannie V. Tucker. To Base Hospital, No. 3, Brownsville, Tex., from Great Falls, Mont., Amanda H. Larson; from Beach, N. D., Mary A. Pelkey; from Fort Wayne, Ind., Marie L. Eickmeier; from Kansas City, Mo., Nell W. Crouch, Clara I. Crowe. To Base Hospital No. 1, Fort Sam Houston, Tex., from Denison, Tex., Tomie W. Cousins; from Fargo, N. D., Signe Lee; from Grand Forks, N. D., Mathilda Hanson, Rena Olson, Sarah A. Haugen; from Honeyford, N. D., Alma M. Opheim; from Fort Wayne, Ind., Pauline M. Huser, Frances C. Nicol; from Memphis, Tenn., Marjorie L. McPherson; from Worcester, Mass., Alma J. Melvin; from Dallas, Tex., Winnie E. Susilla. To U. S. Army General Hospital No. 1, New York, N. Y., from New York, N. Y., Florrie Hartshorne, Mary Mildred Olmstead, Mabel M. Miller, Grace Berkowitz, Elizabeth Gabler, Mada Rathere; from Grand Forks, N. D., Mathilda E. Huff; from New Rochelle, N. Y., Maud L. Hedges; from Bismarck, N. D., Louise Frankhauser, Magdeline Martell, Wanda D. Kurth; from Winsted, Conn., Viola Dobson; from Worcester, Mass., Jessie A. Mackay, Mary M. Millett, Ruth L. Smith. To Base Hospital, Fort Ontario, N. Y., from Flushing, N. Y., Emma Gallaher. To Provisional Base Hospital, Fort Oglethorpe, Ala., from Viola, Del., A. Pauline Meredith. To American Red Cross Military Hospital, from Neuilly, France, (American Ambulance), Anne Agnes Carney, Mrs. Minnie L. Wintersteen, Frances B. Latimer, Florentine C. Woehaner, Mary Elizabeth O'Neill, Isabelle M. Lyons, Mary Angeline Flint, Agnes M. Ward, Elizabeth Arnold, Sara Waples Crosley; from Bridgeport, Conn., Margaret Stuart, Mary A. Cody, Frances Margaret Corcoran, Nancy Jane Molumphy, Cora D. Nichols, Johanna Sogaard.

Transfers.—To Camp Custer, Battle Creek, Mich.: Blanche Maud Arnold, Myrtle Claypoole, Anne Ingram, Mrs. Mary E. Lowell, Anna Zella Snyder; to Camp Sherman, Chillicothe, Ohio: Agatha A. Whitman; to Camp Wheeler, Ga.: Rose A. O'Brien, Mary E. Groove, Alice Jeffrey, Frances A. Long, Bessie M. Michell, Elsie M. Rankin.

Relief.—Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Beatrice H. Buckeridge, Katherine A. Burns, Ruth A. Butler, Mary L. Carney, Hazel E. Gaul, Rose E. Gans, Katherine L. Moak, Jane G. Molloy, Hester L. Page, Eva Maude Sadler, Helen Louise Shepherd, Wilda Singer, Ethel V. Strange, Jane Thompson, Elizabeth Watson.

On account of the large number of nurses ordered to Europe for service with the Expeditionary Forces, it was found advisable to select a member of the Army Nurse Corps to have general supervision of the nursing forces abroad. Bessie S. Bell, a graduate of the Boston City Hospital, who has served a number of years as chief nurse in the army hospitals, was selected for this very responsible position. Miss Bell has been a member of the Corps since 1909, and has served as chief nurse at the army hospitals at Zamboanga, P. I., Fort Leavenworth, Kansas, and at the Walter Reed General Hospital, Takoma Park, D. C. She has an enviable record, and is particularly well qualified to assume the responsibilities of this new position. Miss Bell was accompanied by Anna Coffey, a graduate of the Metropolitan Hospital, New York, N. Y., who will serve as her assistant.

A large hospital for the care of orthopedic cases is to be organized in

France by Major Joel R. Goldthwaite. A part of the medical personnel of this hospital sailed a short time ago under the command of Major Goldthwaite. It consisted of a number of medical officers, and twelve nurses who will be stationed in London for some time to receive a special course of instruction in Orthopedic work in the large hospitals of that city. Anne L. Caenan, a graduate of the West Side Hospital, Chicago, Illinois, and who was one of the chief nurses on duty on the Mexican border during the mobilization of the troops, sailed with this unit as chief nurse. Miss Caenan was accompanied by Mrs. Himes, Misses Steele, Mericle and O'Neale of the regular Corps, and seven reserve nurses, Army Nurse Corps, Misses Dunn, MacKay, Nancarrow, Parrott, Ralley, Sloane and Wood, who were specially selected by the doctors of the unit.

DORA E. THOMPSON,

Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Appointments.—Josephine Croghan, Washington, D. C., Casualty Hospital, Washington, D. C., institutional work Willard Parker Hospital, N. Y.; Helen F. Connally, Brooklyn, N. Y., St. Joseph's Hospital, Far Rockaway, L. I.; Caroline B. Driscoll, Boston, Mass., Carney Hospital, South Boston, Mass., directress of Hemenway House, Boston; Ruth B. Mentzer, Hagerstown, Md., Washington County Hospital, Hagerstown, institutional work St. Charles Hospital, Roanoke, Va.; Nell E. Pettus, Denver, Colo., Bethesda Hospital, St. Louis, Mo.; Mabel Powell, Montgomery, Ala., from United States Naval Reserve Force, St. Margaret's Hospital, Montgomery, Ala.; Mary Drohan, Schenectady, N. Y., transferred from United States Naval Reserve Force, Hudson City Hospital Training School, Hudson, N. Y.

Transfers.—Mary V. Hamlin, to Portsmouth, N. H.; Emily J. Craney, to Canacao, P. I.; Rebecca A. Welch, to Canacao, P. I.; Anne Witte, to Canacao, P. I.; Agnes E. Evon, to Portsmouth, N. H.; Annie A. Wayland, acting chief nurse, New Orleans, La.; Julia T. Johnson, to New Orleans, La.; Esther Le C. James, to Washington, D. C.; Josephine C. Croghan, to Washington, D. C.; Caroline B. Driscoll, to Portsmouth, N. H.; Nell E. Pettus, to Annapolis, Md.; Beatrice G. Terrill, to Washington, D. C.; Grayce P. Boyer, to Washington, D. C.; Ruth B. Mentzer, to Portsmouth, N. H.; Margaret J. Hickey, to St. Thomas, V. I.; Mary P. Nichols, to St. Thomas, V. I.; Mabel L. Powell, to Charleston, S. C.; Mary F. Drohan, to Philadelphia, Pa.; Helen F. Connally, to Newport, R. I.

Promotions.—Annie Wayland, acting chief nurse.

Honorable Discharge.—Lily E. White.

Resignations.—Helen Du Mond, Anna Lee Glibbreath, Lella Smith, Jessie Irion, Hazel D. Maston.

Discharged.—Nell Winchester Howard.

UNITED STATES NAVAL RESERVE FORCE NURSES

Long Island College Hospital Detachment, New York, Marie Louis, organizing nurse. The following nurses have been assigned to the Naval Hospital, Portsmouth, N. H.: Mary E. Badger, Lettie M. Bellinger, Lulu V. Kinsella, Marlon H. Bryant, Florentine M. Ryan. St. Luke's Hospital Detachment, New York, Edith L. Rains, to New York, N. Y. Methodist Episcopal Hospital Detachment, New York. The following nurses have been assigned to the Naval

Hospital, Newport, R. I.: Naomi M. Anderson, Helen A. Fielding. New York City Hospital Detachment, I. Grace Kline, organizing nurse, to New York, N. Y.; Amy Treichler to Charleston, S. C.; Mary Scollard to New York, N. Y.; Clara I. Wilt to New York, N. Y. Garfield Memorial Hospital Detachment, Washington, D. C. The following nurses have been transferred from Mare Island, Cal., to the Naval Training Camp, San Diego, Cal.: Nannie B. Hardy, Annie E. McFadden, Ethel C. Dooley, Lulu T. Lloyd, Annie Miller, Ruth Powderly. Columbia Hospital Detachment, Washington, D. C., Lucy E. Bartram to Portsmouth, N. H. Orange Memorial Hospital Detachment, Orange, N. J., Jessie A. Smith to New York; Nina Van Why to Annapolis, Md. Newton Hospital Detachment, Newton Lower Falls, Mass. The following nurses have been assigned to the Naval Hospital, Newport, R. I.: Carolyn H. Childs, Myra P. Dority, Alotta M. Lentell, Mary A. Rice, Maud Russell, Katharine C. Welch, Beatrice M. Waterfall. St. Luke's Hospital Detachment, New Bedford, Mass. The following nurses have been assigned to the Naval Hospital, Chelsea, Mass.: Nora M. McQuade, Amelia Palmer, Flora H. McGinty. Maine General Hospital Detachment, Portland, Me., Ethel M. Redden to Newport, R. I. Miss Julia Reed Detachment, Boston, Mass., Elizabeth Agnes Rae to Portsmouth, N. H. St. Luke's Hospital Detachment, San Francisco, Cal. The following nurses have been assigned to the Naval Hospital, Mare Island, Cal.: Eleanor S. Clark, Emma Isaacs. St. Luke's Hospital Detachment, Spokane, Wash., Luella B. Jones to Mare Island, Cal. Fargo Hospital Detachment, North Dakota, Alda E. Langley to Great Lakes, Ill. John Sealy Hospital Detachment, Galveston, Texas, Julie E. Hippe to Puget Sound, Wash. No Detachment. Martha E. Mauk, Eleanor B. Bridges and Gertrude Burell to Pensacola, Fla.; Sarah F. Walker to Naval Training Camp, San Diego, Cal.; Jessie E. Van Wormer to Washington, D. C.; Mary E. Byrant to New York, N. Y.; Katherine I. Major to New York, N. Y.

Disenrolled.—Ellen M. Atchison, Fannie E. Barnes, Mabel E. Bloodgood, Mae Clomi, Alice E. Crawford, Juliet D. Cross, Mary B. Davis, Elsie S. Frey, Frances H. Hammond, Clare Jones, Helen M. MacLain, Martha W. Ober, Mabel Rice, Helen B. Wood, Kathleen Woods, Nell B. Goddard.

Discharged.—Rosalie Slaughter.

RESERVE NURSES U. S. N.

For duty with Base Hospital No. 1, organized around the Brooklyn Hospital, N. Y., Frances Van Ingen, Brooklyn Hospital, N. Y., transferred from Naval Hospital, New York, for duty as chief nurse, and the following graduate nurses: From the Brooklyn Hospital, N. Y., Minnie E. Dewar, Mary Elderkin, Mary K. Furey, Frances Van Pelt Hains, Lillian Halliday, Elizabeth P. Kerr, Katherine G. McCarthy, Florence Rouselle, Mary Evelyn Tait, Helen D. Hayward, Viola Rose, Helen F. Callahan. From St. John's Hospital, Long Island: Mrs. Rose S. McKelvey, Charlotte M. Jackson, Jean Mustard, Alma G. Stiansen. From Prospect Hospital, Brooklyn, N. Y.: Madeline A. Powell, Mary Pattison. From Hahnemann Hospital, New York, N. Y.: Anna M. Dooman. From Bloomsburg Hospital, Bloomsburg, Pa.: Anna P. Kelly. From Kings County Hospital, Brooklyn, N. Y.: Esther Nelson Behr, Anastasia Barbara Curran, Florence V. Delaney, Emma F. Devitt, Elizabeth Dolan, Grace J. Flynn. From St. Mary's Hospital, Brooklyn, N. Y.: Ella M. McKenzie, Leobelle S. Wilfret. From Cumberland Street Hospital, Brooklyn, N. Y.: Jennie S. Clenaghan. From St. Barnabas Hospital, Newark, N. J.: Hattie Burroughs Moore. From Long

Island College Hospital, New York: Caroline G. Bradshaw, Anna M. Burgess, Mary Caldwell, Mary C. Enright, Maud A. Hicks, Helen V. Kenney, Marion McDermid, Anna Thompson, Margaret B. Vassie, Emma W. Wels, Susie A. Williams, Margaret Ainslie, Alice Jean Hamilton, Rose MacMullin, Elizabeth M. Megnin, Alice I. Ziegler, Leila E. H. Church. From Methodist Episcopal Hospital, New York, N. Y.: Anna Amella Bennett, Harriet A. Chism, Jane Cornes, Ada C. Grubb, Margaret A. Johnston, Grace Kellerhouse, Jeanette McClellan, Edna P. Martin, Rosaline A. J. Ready, Aida E. Soderstrom; and the following members of the St. Luke's Hospital Detachment, New York, from Naval Hospital, Brooklyn, N. Y.: Leola Stewart, Anstiss B. Bishop, Gertrude Du Voe, Florence C. Missimer. For duty with Base Hospital No. 5, organized around the Methodist Episcopal Hospital, Philadelphia, Pa., by the superintendent, Alice M. Garrett, graduate of the Pennsylvania Hospital, Philadelphia, Pa., for duty as chief nurse, and the following graduate nurses: From Methodist Episcopal Hospital, Philadelphia, Pa., Beulah A. Armor, Helen R. Branin, Ida May Burket, Ethel M. Campbell, Faye L. Fulton, Pearl E. Gaupp, Halberta E. Grosh, Bertha L. Hamer, Ada May Harding, Alice Lynd Harshaw, Irma F. Holloway, Mildred L. Hunsinger, Alice L. Hurst, Nell E. Long, Elsie Mae Mackey, Carrie M. Mallick, Katharine M. Mensch, Carrie V. Newhouser, Elizabeth L. Paul, Vida M. Peckens, G. Ethel Russell, Elizabeth M. Thomas, Effie E. Watters, Lillian E. Wilsey, Mary S. Young. From the Hahnemann Hospital, Philadelphia, Pa.: Clara Louise Davis, Agnes E. Jacobs, Mabel W. Morris, Daisy Slater. From the German Hospital, Philadelphia, Pa.: Male Freeland. From the Germantown Hospital, Philadelphia, Pa.: Elsie V. Jefford, Florence M. King, Elizabeth K. Kirk, Caroline M. Thompson, Mary Newbold Urie. From the Polyclinic Hospital, Philadelphia, Pa.: Florence H. Kerstetter, Martha Jean McCall. From Frankford Hospital, Frankford, Pa.: Mary A. Lawlor. From Pennsylvania Hospital, Philadelphia, Pa.: Ethel M. Hamilton. From Presbyterian Hospital, Philadelphia, Pa.: Florence A. Miller. From Bryn Mawr Hospital, Bryn Mawr, Pa.: Minerva Strobel. The following reserve nurses of Navy Station Unit No. 2, organized by Catherine Moran, have been assigned to duty at League Island, Pa.: Anna G. Keating and Catherine G. Moran, Wilmington, Del., graduated from the Philadelphia General Hospital, Philadelphia, Pa.; Lillian J. Deitch, graduated from Michael Reese Hospital, Chicago, Ill.; Della R. Corrigan, Sara C. Durkin, Barbara F. Egenrieder, Elizabeth M. McCloskey, Carmella C. Shillenn, from St. Agnes Hospital, Philadelphia, Pa.

Transfers.—Elizabeth Foster Dewey, United States Navy Reserve Force, from Naval Hospital, Washington, D. C., to Base Hospital No. 5, for duty overseas. Florence Elthier, United States Navy Reserve Force, New York City Hospital Detachment, from Naval Hospital, Washington, D. C., to Base Hospital No. 5, for duty overseas.

The civic conditions in the Virgin Islands have been adjusted to meet the policy which has been established by the United States in ruling her island possessions. A naval officer has been appointed Governor of the Islands; he is also the Commandant of the Naval Station. Surgeon Butler, U. S. N., has been assigned to duty in the Islands, as the Senior Medical Officer in charge of all matters pertaining to health and sanitation. The withdrawal of the Danish doctors and nurses left these Islands without personnel to care for the sick. The conditions are distressing in many of the Islands, and even in St. Thomas the lack of trained nurses is acutely felt. Recognising the need for trained nurses to teach the native attendants and to supervise the work of

the native midwives, the Secretary authorized the assignment of members of the Navy Nurse Corps to duty in the Islands. Alice Gillett, a graduate of the Erie County Hospital, Buffalo, New York, who had additional experience in the Canal Zone and in tuberculosis hospitals, and who has been a member of the Nurse Corps since July, 1911, was transferred to St. Thomas as acting chief nurse. Eva R. Dunlap, who graduated from the Lewis Crozier Hospital, Chester, Pa., accompanied her as operating room nurse and instructor in surgical nursing. Since this assignment, four additional nurses have been sent, and the little colony of six nurses has begun in these Islands in the Atlantic Ocean, the pioneer work which is now an established branch of the Government Service in the islands of Guam and Samoa in the Pacific Ocean. The nurses detailed to this important work need the sympathy and encouragement of their sister nurses. Isolated and primitive living conditions prevail; tact and patience are required to sow and cultivate the seed of trained nursing in the minds of these native women who are not prepared by our standards of education for the training. In meting out praise to the members of our profession who are "doing their bit" in the world's war zone, the work of the nurses who are struggling with these primitive conditions should be recognized, and should receive such encouragement as can be extended to them through the JOURNAL which records their professional activities. Cheerful letters are received from the nurses who are overseas, which indicate that they are meeting the unusual conditions with courage and a determination to give their best professional work, even though they are handicapped by the lack of many things which have been regarded by them heretofore as essential. Not only are initiative and invention required for the work abroad, but conditions prevail in the Emergency Hospitals which have been established in connection with the Government Service in this country, which also require these qualities in no small degree. It is assumed that in the course of time, the equipment of these Emergency Hospitals will be all that is desired, but the period of adjustment is of actual benefit to many nurses whose professional work has been along such easy lines, that they are experiencing something akin to dismay in being required to perform their nursing duties without the usual paraphernalia. Many Navy nurses have availed themselves of the benefits to be derived from the Insurance Law, which has already been outlined in the JOURNAL. There is some misunderstanding with regard to the compensation for death and disability. These benefits are not based upon the insurance, which is a separate benefit requiring initial action from the person who is to be insured. The compensation for disability or death is automatic, and the provision for disability is sufficiently liberal to eliminate from the minds of nurses the anxiety which many feel when offering their services for duty in untried fields. Literature explaining the Compensation and Insurance Act has been sent to all Government Stations where nurses are on duty, and more particular information may be obtained by communicating with the Bureau of War Insurance, Treasury Department, Washington, D. C.

LENAH S. HIGBEE,

Superintendent Navy Nurse Corps.

Alabama.—The Alabama State Association of Graduate Nurses held its annual convention on October 16, at the Tutwiler Hotel, in Birmingham. An Executive Board meeting was held during the forenoon, followed by a luncheon for the Board members and the delegates of the Birmingham Graduate

Nurses' Association, at the Civic Chambers Cafe. The convention proper opened at 2.30 p. m., Reverend W. N. Claybrook offering prayer. The regular order of business was followed by a paper on Infant Welfare, by Ellen Quilty of Birmingham, and a paper on Tuberculosis Nursing, by Bertha Clement, also of Birmingham. The report of the Philadelphia convention of the American Nurses' Association was then given by Helen MacLean, who attended as a delegate, after which the meeting adjourned for an automobile ride to St. Vincent's Hospital, where a reception was held and refreshments were served. At the evening session, after the invocation by the Reverend W. N. Claybrook, the address of welcome given by Dr. B. L. Wyman, on behalf of the Jefferson County Medical Society, was responded to by DeWitt Dillard, superintendent of the Mobile Infirmary. This was followed by the President's address and papers on Public Health Nursing, by Mrs. Cora Sanford, of Birmingham; on State Registration, by Dr. H. T. Inge, a member of the State Examining Board from Mobile; on Public Health Nursing in a Cantonment, by Linna H. Denny, of Anniston; on The Nursing Profession, its Chief Disease, by Dr. George Eaves, of Birmingham, and another paper by Helen Louise Shepherd, of Birmingham. This programme was interspersed with music and recitations. After the adoption of resolutions, the following officers were introduced: President, Helen MacLean, McAdory Private Infirmary, Birmingham; vice presidents, Mrs. E. M. Hartsock, Davis Infirmary, Birmingham; Mrs. Belle Hope, Montgomery; secretary, Bertha Thompson, Birmingham; treasurer, Bertha Farrish, Montgomery; councillors, Linna H. Denny, Anniston, Lemoyne Phares, Mobile, Bertha Clement, Birmingham; chairmen of committees, ways and means, Ruth Davis, Selma; credential, Julia Dainwood, Birmingham; nominating, Annis E. Stay, Birmingham; arrangements, Catharine Moulitis, Birmingham; printing, Louella Harrison, Birmingham. The meeting adjourned to meet in Selma, in January, 1918.

Arkansas.—The Arkansas State Graduate Nurses' Association held its sixth annual meeting in Little Rock, on October 4 and 5, with Frankie Hutchinson, the president, in the chair. After the invocation by Monsignor Tobin, Dr. J. P. Gibson gave the address of welcome, which was responded to by Annie Bremyer. This was followed by a very inspiring address by Governor Charles Hillman Brough, and the President's formal address. The evening session proved particularly interesting, including a talk by Hamp Williams of Hot Springs, Food Administrator, on the food administration conference in Washington, and the co-operation he is receiving in this work. Captain Visonhale then gave an interesting resume of the Red Cross campaign in the state, and of the efforts of the Red Cross to alleviate the suffering caused by this war. The prevention of typhoid and malarial fever as well as of other preventable diseases was discussed by Lieut. Colonel Pierce of the U. S. Public Health Service, after which Miss Erle Chambers, Interstate Secretary of the Public Health Service, spoke on How to Meet the Public in Public Health Work. Friday afternoon's session was given over to business. The proposed constitution and by-laws were read and adopted; a committee on Nursing Survey and National Defense was appointed; and in addition to the \$25 already pledged, \$100 was voted for the Relief Fund. These officers were elected: President, Frankie Hutchinson, Little Rock; vice presidents, Kate Dillon, Little Rock, Annie Bremyer, El Dorado; Mrs. Daisy Keatts, Little Rock; recording secretary, Sue Sims, Hot Springs; corresponding secretary, Mary Cole, Little

Rock; treasurer, Mrs. A. M. Zell, Little Rock. One alumnae association and 76 individual members were admitted during the year. The Association is to meet in Little Rock in 1918.

California.—The California State Civil Service Commission is arranging for a non-assembled examination for assistant inspector of schools of nursing, Bureau of Registration of Nurses, State Department of Health. The date of examination is stated as "on or about" January 3, 1918, and the last day for filing applications in Sacramento is December 22. The entrance salary is \$1800 a year, with traveling expenses. The duties of the position involve the inspection of training schools for nurses, the preparation of class schedules for training schools, the assisting of such schools in carrying out their educational programs, the writing, for publication, of articles on nursing subjects and the giving of addresses and talks on subjects relating to nursing education. Candidates must have had education equivalent to graduation from a four-year high school course, must be graduates of accredited schools of nursing, and must have had at least five years of nursing experience following graduation. Special credit will be allowed for college or university education, post graduate study for teaching in schools of nursing, or a general teacher's training, and for executive work in schools of nursing.¹ For complete success in this position, the incumbent should be of pleasing personality and good address and should possess diplomacy and executive ability. The examination is open to all women who are citizens of the United States, who have reached their twenty-first but not their fiftieth birthday on the date of the examination, who are in good physical condition, and who meet the above requirements.

The subjects for the examination will be as follows:

	Relative Weight
1. Written Test	50
This will consist of a thesis of about 2000 words on a topic based upon the general subject of nursing education. Candidates will not be assembled for the test, but each will receive the subject for the thesis on or about January 3, 1918, and will be allowed not over twenty-four hours for the writing of the thesis.	
2. Education, Experience and Fitness	50
Those candidates who receive a rating of at least 70% in the written test will be given an oral interview by a special board of examiners designated for the purpose by the Civil Service Commission, at which time they will be rated upon their education, experience and fitness for the position. The oral interview will be held in New York, Chicago, San Francisco and Los Angeles, California.	
Total	100

Candidates who fall below 70% in the oral interview will be considered as having failed in the examination. Persons desiring to enter this examination may secure applications, form No. 2, from the State Civil Service Commission at any of the following offices: Room 331, Forum Building, Sacra-

¹ Candidates will be expected to qualify for registration in California if appointed.

mento; Room 10, Ferry Building, San Francisco; Room 1007, Hall of Records, Los Angeles. Candidates from points outside of California are advised to telegraph for application blanks if there is any possibility of delay in their receipt of the blanks. Completed applications must be filed with the State Civil Service Commission, Forum Building, Sacramento, California, on or before December 22, 1917.

Colorado.—The Colorado State Board of Nurse Examiners will examine applicants for state registration at the Capitol Building, Denver, January 1, 2 and 3. Further information may be obtained by addressing the secretary, Louise Perrin, R.N., State House, Denver. **Denver.**—Mercy Hospital Training School held its graduating exercises in the Chapel on October 11, for a class of 15. These exercises were followed by a programme and reception in the Assembly Hall of the Nurses' Home. The Alumnae Association held a special meeting on October 22, at the Nurses' Home. The following officers were elected: President, J. Frances McKeown; vice president, Jeanette Sher; secretary, Mary Piccoli; assistant secretary, Esther A. Norman; treasurer, Alice M. Carr; assistant treasurer, Elizabeth Bustard. The regular meetings of the Association are held quarterly, on the third Monday in that month, at the Nurses' Home.

District of Columbia.—The Alumnae Association of Garfield Memorial Hospital gave a farewell tea to Georgia M. Nevins, on October 23, at the Nurses' Club. Eleanor Maynard, Mrs. Rose Hodson and Margaret Cumpston received with Miss Nevins. Mrs. Homer G. Fuller presided at the tea table. There were about seventy-five nurses present, among whom were Jane A. Delano and Clara D. Noyes, besides a few other guests. Miss Nevins was presented a silver vase as an expression of the affection and loyalty of her former pupils. It is with great regret that those who have the best interests of the hospital at heart see Miss Nevins, who has been its superintendent for the past twenty-three years, resign that she may become director of the Department of the Potomac, for the Red Cross.

Florida.—The Florida State Association of Graduate Nurses held its fifth annual convention at the Professional Building, in Jacksonville, on November 1. The morning session was given over to routine business. After the invocation by the Rev. S. B. Rogers, D.D., Mary E. Morrison, the acting president, gave her address. This was followed by the reports of the officers, the chairmen of committees, and of Sarah W. Spears, the delegate to the 1917 convention of the American Nurses' Association. At the afternoon session, Mrs. William Porter discussed the Red Cross Nursing Service, Miss Hopkins gave a report of the Board of Examiners of Nurses, and Drs. Gerry R. Holden and William W. McDonnell gave short talks to the nurses. Later a report was given of the election, which resulted as follows: President, Mrs. William M. Porter, Jacksonville; vice presidents, Mrs. M. L. Hotchkiss, Alice Lloyd; recording secretary, Sarah W. Spears; corresponding secretary, Isabel H. Odiorne, 419 E. Forsyth Street, Jacksonville; treasurer, Marie J. Nau, Jacksonville. In the evening, Homer W. Borst spoke on Ideals and Methods of "C. O. S." Case Work, and Dr. Frederick J. Waas on Nursing Ethics. The most important feature of the meetings was the adoption of the constitution and by-laws required for national affiliation, including the formation of district associations in the state. The Florida State Examining Board of Nurses has recently been reorganized, and includes the following members: Julia W. Hopkins, presi-

dent, St. Augustine; Anna L. Fetting, Miami; Mary C. Marshall, Ocala; Laurie A. Baird, Gainesville; Mrs. Louisa B. Benham, secretary-treasurer, Jacksonville.

Indiana.—The Indiana State Nurses' Association held its fifteenth annual convention in the Nurses' Home of the Deaconess Hospital, Indianapolis, October 23-25. The opening session was called to order by the president, Edith G. Willis, after which the Right Reverend Joseph E. Francis, Bishop of Indianapolis, offered prayer. Mrs. Arthur Horrell, vice president of the Public Health Nursing Association, extended a cordial welcome in which she spoke very highly of the service nurses were rendering their country, especially the Red Cross nurses. To this greeting, Miss Willis made an able response. The reports of the officers were then heard. The afternoon was pleasantly spent in a trip to Ft. Benjamin Harrison. On Wednesday morning, besides the reports of the different districts, Nellie Brown, instructor of nurses at Long Hospital, gave a very interesting paper on Professional Channels for the Graduate Nurse. In the absence of Miss Woody the discussion was opened by Miss McCaslin. This was followed by a talk on Red Cross work by Miss Roberts. In the afternoon Mr. Stainsby spoke on Food Conservation. This was followed by a paper on the Relation of Dietetics to Nursing, presented by Laura Partch, instructor of the Home Economics Department of Purdue University. The music included in the afternoon's programme made the session doubly enjoyable. Thursday was largely taken up with business matters, but did include, in addition to the reading of letters from nurses in the service, an address by Will H. Hays, Chairman of the Indiana State Council of Defense, a talk by Miss Roberts on the Red Cross, and a sketch of work at the Boston Infant Hospital, by Maude Tinder. The report of the election showed the following to have been chosen: President, Edith G. Willis, Vincennes; vice presidents, Gertrude Upjohn, Lafayette, Merle Doty, South Bend; secretary, Bertha King, Earlham College, Richmond; treasurer, Belle Emden, Indianapolis. The next meeting will be held in Lafayette in the spring. **Ft. Wayne.**—Van Wert County Hospital has added to its staff Mable Pittman, class of 1915, Hope Hospital, as superintendent; Mae Ziller, class of 1916, Hope Hospital, night supervisor; and Margaret Reidenbach, Ft. Wayne Lutheran Hospital, surgical nurse. Gertrude Barber, class of 1905, Hope Hospital, has recently taken charge of the anti-tuberculosis work formerly done by Irene Bryson, who has gone to Texas. Miss Zirkle, class of 1912, Hope Hospital, after having well established her hourly nursing in this city, was called to Waco, Texas. The work will be continued by Iva Lehman, of the same class. **Warsaw.**—Fern Reidenbach, class of 1914, Hope Hospital, who has been superintendent of the McDonald Hospital since April last, has at present one night and two day nurses for assistants. The hospital was formerly a private hospital, but at present is controlled by five local physicians. It accommodates thirteen patients and has an up-to-date surgery.

Iowa.—The Iowa State Nurses' Association held a called meeting on November 2, at the Wellington Hotel, Des Moines, Ann J. Jones, the president, in the chair. After the invocation by the Reverend Dr. Elmer E. Higley, three associations and fourteen individual members were accepted. After the reading of the proposed constitution, the question of fees was discussed and Minnie H. Ahrens of Chicago, went into the question very thoroughly. She suggested that a subscription to the JOURNAL be included in its dues. The members were asked to take the matter up with their local associations. The question

of the census was then brought up, and the chair appointed Mrs. Everett Wissler of Des Moines to take charge of the survey. At the afternoon meeting, the president announced that arrangements had been made to conduct the visiting nurses through the base hospital at Camp Dodge. Major Sprague of the Sanitary Unit, then gave a very illuminating talk on the work of the Unit in looking after the health of the civilians surrounding the camp. Julia E. Lathrop, chief of the Children's Bureau, Washington, in her address, emphasized the grave responsibility which now rests upon nurses in conserving the health of the nation, especially in the field of public health work. Minnie H. Ahrens afterwards spoke of the needs of the Red Cross and described her work as district chairman. Dr. James Taggart Priestly told of the days when there were no trained nurses and of the vast improvement since their advent. Captain John Peck, the tuberculosis specialist at Camp Dodge, talked on the War and Tuberculosis. He described clearly the manner in which the Government deals with drafted or enlisted men who suffer with this disease, and emphasized the fact that the responsibility of the Government ends with his discharge, but that the time of need for the man has just begun. He stressed the need for tubercular hospitals all over the country, and nurses were urged to lend their support in this cause. The State Board of Nurse Examiners reports ninety-eight nurses as having attended the examinations held in Des Moines, November 6-8. Des Moines.—The Des Moines Registered Nurses' Association held its regular monthly meeting on November 7. Four new members were received. The question of expense for entertainments was discussed, and it was decided that the association would pay for simple refreshments served at parties. Miss Jones reported that over 1550 comfort bags had been made, 528 of which had been sent to Alice E. Isaacson, Nursing Sister, Canadian Army Medical Corps, British Expeditionary Force, France. A committee was appointed to select gifts for Red Cross nurses entering active service. The subject for discussion was Reorganization, and was ably handled by the chairman. The Bertha M. Parsons Hospital was dedicated on October 23, it has a bed capacity of fifty. The hospital is supported by the Congregational Church of Iowa; it was liberally endowed by the father of Bertha M. Parsons, and in recognition of this, the name was changed from the Iowa Congregational Hospital. Ethel Kent, Iowa Methodist Hospital, is its superintendent; Ruth Clough, State University Hospital, is her assistant. Verna Hinote, St. Joseph's Hospital, the first nurse to leave for foreign service from Des Moines, was entertained at a dinner party on November 6. On this occasion Charlotte Ballantyne gave a talk on her experiences as Chief Nurse of a Sanitary Zone Unit; Mary D. Gaston spoke on The Experiences of a Public Health Nurse in a New Field; and Mrs. Florence O. Bosserman on the Experiences of a Registered Nurse as the Wife of a Veterinary Surgeon. Miss Hinote was presented with a New Testament on behalf of the older nurses. Mary McCarthy, Mercy Hospital, has accepted the position of school nurse, following the resignation of Rose Mahoney. Sioux City.—District Number One of the Iowa Registered Nurses' Association held its first meeting in Sioux City the first Wednesday in November. The Nurses' Central Registry entertained at a dinner two groups of Red Cross nurses leaving for war service. The first dinner was given on October 18, for four graduates of St. Joseph's Training School and two graduates of the Samaritan Hospital, all of whom left for Fort Riley; the second dinner on November 7, was for six graduates of St. Joseph's Training School, assigned to duty at Deming, New Mexico. Through the kindness

of the Sisters of St. Joseph's Hospital a number of pupil nurses were permitted to witness the departure of the nurses. Instruction in Elementary Hygiene and Home Care of the Sick and in First Aid is being given at Morningside College. Women in the community are joining the students in this work. Grace Troy, class of 1912, Samaritan Hospital, has accepted the position of superintendent at the Sioux Valley Hospital, Cherokee. Lulu Goff, class of 1913, Samaritan Hospital, is now night supervisor at the hospital.

Kansas.—The Kansas State Nurses' Association held its sixth annual convention at the Auditorium, Lincoln Park, Pittsburg, October 17 and 18, with Sister Catherine Voth, the president, in the chair. After the invocation by President Brendon of the State Normal College, a most cordial welcome was extended to the nurses by Mayor W. W. Bell of Pittsburg. The response prepared by Mrs. Myrtle Connan of Winfield, was read, in her absence, by the secretary, W. Pearl Martin, who also expressed an appreciation of the cordiality shown. Pearl Laptad responded most fittingly for the public health nurses. After a most attractive luncheon served in the Park by the Sisters of St. Joseph's Hospital and the nurses of Pittsburg, Sister Catherine Voth gave an address which was an inspiration to all. She said in part: "As members of the Association we are united, not by the bonds of our constitution and by-laws nor by the rules of any book or alliance, but by something far stronger, namely, by a unity of motives and aims. The same motives which prompt a woman to choose nursing as her profession prompt her to attend conventions which will inspire her and help her to attain greater efficiency in her work; and these motives can be none other than love of humanity. And the aim in persevering in the work is to help just as many people in as many ways as we can." The meeting was then given over to the Public Health Section for two hours, Laura Neiswanger presiding. In the absence of Edna L. Foley of Chicago, Miss Bell gave an address and conducted a round table; later a trip to the Public Health Car proved interesting. The evening session was largely musical, although time was reserved for an address by Mr. W. W. Watson, the president of one of the leading banks in Pittsburg, who explained the Liberty Loan and how patriotic nurses could help finance the war. Thursday's morning session was a Red Cross meeting, with Mrs. Alma O'Keefe, State Chairman of the Red Cross, in charge. A paper on The Work of the Red Cross Chapter, by Mrs. Myrtle Conn, was read. Theresa Smith, of Topeka, then read a paper which had been prepared by Bertha H. Jones, also of Topeka. This was followed by an instructive talk on Red Cross Nursing by Ethel Hastings of Kansas City. The meeting on Thursday afternoon was most interesting, including a discussion by Bertha Baumgarten of Halstead, of Some of the Problems of the Private Duty Nurse, and a paper on The Question of the Affiliation of Training Schools from the Standpoint of the Small Hospital, by Ethel Hastings of Kansas City. Special business and the revision of the constitution and by-laws filled the remainder of the afternoon session. The principal address of the closing session, Thursday evening, was given by the Reverend J. A. Pompeney of Pittsburgh, "To Our Departing Sisters." This was responded to by Margaret McKnight of Topeka. The Board of Directors was made responsible for making the survey of the nursing resources of the state. The Association now has a membership of 190, 58 of whom were received during 1917. The election of officers resulted as follows: President, Sister Catherine Voth, Newton; vice president, Ethel L. Hastings, Kansas City;

secretary, W. Pearl Martin, Topeka; treasurer, Kate Williams, Hutchinson. The next convention will be held in Salina, May 7 and 8, 1918.

Louisiana.—Dr. C. A. Bahn, who has for some time past been secretary-treasurer of the Louisiana Board of Nurse Examiners, has been given an indefinite leave of absence while on duty with Base Hospital No. 24. Dr. J. S. Hebert has been appointed acting secretary.

Maine.—The Maine State Board of Examination and Registration of Nurses held examinations at the State House in Augusta on November 1. At the annual meeting of the Board on November 7, these officers were elected: President, Margaret M. Dearness, superintendent of nurses, Maine General Hospital, Portland; secretary-treasurer, Ellen F. Paine, Bangor. Carlotta A. Marshall, superintendent Bath City Hospital, Bath, was appointed inspector of training schools.

Maryland: Baltimore.—The League of Nursing Education held its fall meeting at the Church Home and Infirmary, on October 15. Interest centered in the discussion as to how the vacancies in the hospitals due to Red Cross nurses leaving for war service, are to be filled. Many ideas were advanced, and the meeting proved most interesting.

Massachusetts.—The Massachusetts State Nurses' Association held its autumn meeting, October 27, in one of the Boston University buildings, with the privilege of using the assembly hall and class rooms for the day. At the general meeting, Dr. Laura A. C. Hughes took charge, in the absence of the president, Sara E. Parsons. The claims of the second Liberty Loan were vigorously presented and pressed by the assigned speakers, to whom precedence was given as the exigencies of the Loan Drive called them elsewhere. A representative of one of the leading banks of Boston was present to take subscriptions. He was surprised when a rising statement of ownership was called for, as very few in the audience remained seated. The reports of the secretaries and of the treasurer told of the progress made and of the work being done in the matter of credentials for the Red Cross Nursing Service. In the absence of Miss Riddle, Mrs. William McNamara read the historian's report, in which the struggle for state registration was treated fully, clearly and forcibly. The history shows that the Association has already responded to public and nursing calls for money and service; in keeping with this spirit it is now financing the state census of nurses. Some of the county councillors reported considerable local activity. Mrs. Cleland, superintendent of the Cooley-Dickinson Hospital, reported the formation of a Graduate Nurses' Association in Hampden County, and read a list of her graduates who were holding industrial positions in other states. Mrs. Cushman, of the Beverley Hospital, had some interesting items from Essex County, and the report from Middlesex showed that it, too, has been wide awake. Mary E. P. Davis, in her inimitable manner, told of the efforts of Norfolk County to gather "wood for the winter fire." Until now Norfolk has been an adjunct of Suffolk County. There are said to be 10,000 graduate nurses in Massachusetts, of these 1,100 belong to the State Association and 900 are enrolled for Red Cross service. The collection, amounting to \$22.00, is to be used to help defray the expenses of the Survey. It was voted to send greetings to Miss Drown and Miss Richards, and a letter of sympathy to Miss Palmer. The revision of the by-laws, looking to amalgamation, called forth some discussion, but the terms on which the alumnae associations may affiliate with the State Association are now ready to be voted on by these associations at the next meeting. Much

interest was shown in the subjects considered, and the various meetings were well attended. Owing to war conditions no refreshments were served.

Boston.—The Massachusetts General Alumnae Association at its recent monthly meeting voted to give \$100.00 toward the state survey, as did also the Boston City Hospital Alumnae Association. The Boston City Nurses' Club, through a group of its workers, has kept up its shipment of hospital supplies all through the summer. Five large cases of Christmas bags have been sent to their usual beneficiaries; quantities of Christmas comforts have been sent to relatives in the various military camps in this country and, through the Red Cross, to the American boys overseas. Sweaters, socks and wristers have been knitted for the Navy League, the Red Cross, and individual soldiers. Besides all this, large cases of Christmas gifts for the nurses of Base Hospitals 5 and 6, have been sent through the parent hospitals. Base Hospital No. 6 is to receive from Trinity Church, through Mr. Sherill, the Chaplain, four big boxes, the contents to be used and distributed according to his judgment. The Guild of St. Barnabas will meet each Tuesday in the month as usual, the first Tuesday, to work for the mission in Alaska, and on the others to make dressings for the Allies. The Free Hospital for Women, Pond Street, Brookline, had a Donation Day on November 1. The New England Baptist Hospital has furnished many graduates for foreign service. Among those who are not with Boston units are Christine MacKenzie, No. 9 Canadian Stationary Hospital; Marion Sharpe, class of 1911, at Yarrowgate Hospital, Ramsgate, England; and Marie McLeod, who has been over since 1915. Christine England, Marion Ellis, Bertha Creelman and Hattie Harlow are at General Hospital No. 22, Harvard Surgical Unit. Jean Gates, class of 1915, has gone to China as a missionary under the Baptist Board. She fitted herself for this work by a post graduate course in pediatrics at the Infants' Hospital, Boston, by several months as head nurse in a large medical ward in a general hospital, and by taking the missionary course at the Newton Theological Seminary. Fanny Howe, after taking a post graduate course in nervous and mental disorders at Bloomingdale Hospital, White Plains, N. Y., has been appointed to the staff of St. Luke's Hospital, New York City, as instructor of nursing. Blanche Wallace, who was for a year at General Hospital No. 22, France, has returned to her home school to serve as assistant superintendent for a time. During the winter she will act as an instructor of nurses. Jessie A. Gray, on leaving for an extended vacation, received a testimonial letter from doctors whose patients have been under her care while she has been assistant superintendent of the hospital. With the letter was a bag holding ten twenty-dollar gold pieces. The Massachusetts General Hospital lists among its graduates who are on service overseas with units other than their own, Margaret S. Belyea, class of 1906; Mary Chayer, class of 1910, with the Harper Hospital Unit of Detroit, Mich.; Jessie Clarke, class of 1910, at the Second Canadian General Hospital, British Expeditionary Force, France; Vera L. Benjamin, class of 1912, with the Seventh Canadian General; Catherine Van Buskirk and Helen Boylston, both of the class of 1917, with the Harvard Surgical Unit, General Hospital No. 22, British Expeditionary Force, France. The Alumnae Association of the New England Hospital for Women and Children entertained the graduating class, on October 30, with a dance. Eva Parmelee, who went out with the Unit from Boston, is the nurse referred to in the November JOURNAL, under the Red Cross, as having been struck in the face by a fragment of steel.

Northampton.—The Hampshire County Graduate Nurses' Association was

organized on October 19. The meetings will be held the second Saturday in the month, at the Cooley-Dickinson Hospital, Northampton. The following officers were chosen: President, Jennie C. Quimby, vice presidents, Florence Levenselar, Mrs. Elizabeth Pomeroy; secretary, Christine Hall; treasurer, Mrs. Alice C. Cleland; councillor, Miss Gillis; programme committee, Mrs. Carrie Belding, Mae Connor, Mrs. Joseph Fallon. At the November meeting, Mrs. Esther W. Rodiman, dietitian at the Cooley-Dickinson Hospital, spoke on Food Conservation.

Michigan.—The Michigan State Nurses' Association held an Executive Board session at the Hotel Downey in Lansing on October 23 and 24, when it elected to operate under the new constitution and by-laws after January 1, 1918. The committee in charge of the redistricting of the state is hard at work. Three districts, in the order named, have filed application for enrollment as soon as the new constitution becomes effective: The Flint District Nurses' Association, The Washtenaw County Nurses' Association and The Wayne County Nurses' Association. The census ordered by the General Medical Board of the Council of National Defense is being financed by the War Emergency Board appointed by the Governor. This work is nearly completed. The names of the committee having this work in charge, follow: Elizabeth Parker, Mary Welsh, Anna M. Schill, Martha S. Pratt, clerk. The Association is conducting a publicity campaign for the purpose of increasing its membership, it has thus far furnished its quota for enrollment in the Red Cross. To raise funds for the relief of any of the members who are now serving in the Army or Navy, a War Emergency Committee has been appointed, composed of the following members: Elizabeth Parker, Mary Welsh, Mrs. L. E. Gretter, Annie M. Coleman, Anna M. Schill. **Detroit.**—The Grace Hospital Alumnae Association held its first meeting this fall on October 9. After the business session, Odessa Shepherd gave a very interesting paper on The Origin of Nursing. Mrs. Moore then spoke on the Michigan State Association, District No. 1. The Association is saddened by the death of one of its members, Sadie Brown, a supervisor at the hospital. Farrand Training School for Nurses held its annual commencement exercises at the Wayne County Medical Society Auditorium on November 1, when a class of thirty-four was graduated. A reception was held after the formal exercises.

Minnesota.—The Minnesota State Graduate Nurses' Association held its fourteenth annual meeting in St. Paul, on October 10, with Minnie F. Pater-son, the president, in the chair. The secretary's report gave the names of three alumnae associations and twelve individual members admitted during the year, bringing the membership up to 1074. The treasurer announced that \$300 had been given to the Red Cross and \$200 to the Nurses' Relief Fund, leaving a balance of \$231.07. Later, it was voted to buy a \$200 Liberty Bond. The \$257 reported by the committee on the sale of registered nurses' pins, was turned over to the Examining Board, to be used in the work of inspecting training schools; the Association also voted to turn over to the Board the entire work of this committee. In the absence of Irene English, Anna Gosman read the report of the Committee on Revision, showing that a great deal of correspondence is required that the members may vote intelligently when the question is acted upon next spring. Ida Isaacson, president of the Board of Examiners, stated in her report that Caroline Rankiellour had been appointed to fill the unexpired term of Harriet B. Leach who had resigned; also that 271 nurses had been examined, and that \$139.35 had been spent on the

inspection of schools. After a report on Private Duty Nursing by the chairman, Della O'Brien, Carrie Eppley gave an interesting account of her work as a member from Minnesota of the Council of the State Representatives of the National Organization for Public Health Nursing. This Council is trying to keep a directory of public health nurses, of which there are about 154 in the state, is endeavoring to popularize public health nursing, both among the laity and among nurses, and to influence training schools to include this subject in their curricula. Miss Paterson then spoke entertainingly of her work as chairman of the State Committee on Red Cross Nursing Service. She reported about 200 enrolled Red Cross nurses in the state, and showed the urgent need of a much heavier enrollment. She stated that sixty-five nurses were on the Base Hospital Unit, and that five nurses had recently been sent to a southern cantonment. This was followed by the report of Mrs. E. W. Stuhr, on the work of the Committee under the Council of National Defense. This Committee finds that thus far there are no apparent ill effects of the war upon children in the rural districts, but that the Twin Cities presented some conservation problems. To combat the suffering which is likely to result from the increased cost of milk, this Committee is preparing to bring to the knowledge of the people, possibly by demonstration, substitutes for milk that may be used with children over two years of age. Mrs. Stuhr emphasized the fact that no class could wield a larger influence in this question of child conservation than nurses, and she urged all nurses to interest themselves in it. Louise M. Powell then gave a brief report of the Survey of Nursing Resources being made in the state, in which she asked for the interest and co-operation of all, after which she read a most interesting report of the annual convention of the three national organizations, written by Mrs. Adelaide Northam, who is now out of the state. In response to an appeal from the Minnesota Woman Suffrage Association, asking for endorsement of the Federal Amendment, it was decided to give it, but to leave it with the Suffrage Association to decide whether it is wise to press Congress in this matter now. The following officers were chosen: President, Minnie F. Paterson; directors, Misses Powell, Martin, Christenson, Swenson, Rommell, Porter, O'Brien, and Mrs. E. W. Stuhr. The afternoon session was omitted, that all might attend a nurses' section in the Mississippi Valley Anti-Tuberculosis Conference being held in the Twin Cities. The Minnesota State League of Nursing Education held its annual meeting at the Nurses' Home of the City and County Hospital, St. Paul, on October 13. Bertha Johnson presided in the absence of Mrs. Adelaide Northam, the president. A letter was read from the president of the National League, telling of the publicity work that is being done to stimulate an interest in nursing, particularly during this national crisis. In response to the appeal to the state leagues for financial assistance in this campaign, \$100 was contributed. The League also voted to take a \$50 Liberty Bond. The constitution and by-laws, as proposed by the National League for the state leagues, was adopted with a few changes. These officers were announced as the result of the election: President, Louise M. Powell; vice president, Esther Porter; secretary-treasurer, A. Hennegan; members of executive committee, Mrs. Frances Campbell, Mary Ledwidge, Carrie Eppley, Jeannette Christenson. The new president spoke of the work of the Committee on Education which she hopes to form, to reach prospective students in the state with accurate information concerning schools of nursing. She urged every nurse to secure a copy of the Standard Curriculum which has been prepared by the Education Committee of the National League. A social

hour followed. Minneapolis.—Asbury Hospital Training School showed its patriotism and loyalty by subscribing for a \$100 Liberty Bond; the Alumnae by taking a \$150 Bond.

Mississippi.—The Mississippi State Association of Graduate Nurses held its seventh annual meeting in the city of Vicksburg, on October 30 and 31. The Association was fortunate in having Agnes L. Dasplit, Director of the Red Cross Nursing Service of the Gulf Division, throughout the meeting; she proved an inspiration to all. Besides Miss Dasplit, who gave a talk on Red Cross work, the programme contained the names of Miss Babb, who spoke on Public Health Work, and Dora Barnes of Peabody College, who discussed the scholarship given by the college for preparation in public health work. The officers for the year are as follows: President, Katherine Kent; vice presidents, Mary Hurst Trigg, Alice Malone, Esther Mitchell, Mrs. Maude E. Varnedoe, Ozella Thomas; secretary, Mrs. Jennie Quinn Cameron; treasurer, Jane P. Cox.

Missouri.—The Missouri State Board for the Examination and Registration of Nurses will hold the next State Board examinations as follows: In St. Louis, at the Planters Hotel, January 15 and 16; in Kansas City, at the Coates House, January 17 and 18, Mary E. S. Morrow, R.N., secretary, 417 East Main Street, Jefferson City, Missouri. The Missouri State Nurses' Association held its twelfth annual meeting at The American Hotel Annex, St. Louis, October 31-November 2, L. Eleanor Keely, the president, in the chair. The first session was opened with prayer by the Reverend George Norton, chaplain of St. Barnabas Guild, St. Louis, followed by the address of welcome by William Findly, representing the Mayor. After the response to this, Miss Keely gave the president's address, and immediately afterward reports of the various activities of the Association were heard. Lydia Anderson, who has recently been appointed head of the Nursing Service for the Southwestern Division of the Red Cross, was then introduced. At the afternoon session, reports of city organizations and central registries for nurses were read. The Graduate Nurses of St. Louis reported a membership of 654, with 64 of their members overseas with Base Hospital No. 21. The Central Directory of St. Louis reported a busy year; it has 415 enrolled members, and receives on the average 417 calls a month. Forty-seven of its members are serving with Base Hospital No. 21. There was then a general discussion of the present state law, opened by Miss Gillis, followed by a discussion of revision of the by-laws to conform to the requirements of the American Nurses' Association. This discussion was opened by Margaret McKinley. The remainder of the afternoon was occupied by Miss Keely, the delegate to the 1917 convention of the national association. So inspiring was her report that a number of nurses are beginning now to plan to attend the 1918 convention, to be held in Cleveland. An informal dinner was held in the evening. The next morning there was a meeting of the Red Cross state and local committees. The afternoon was a public health session, with Anna Barr presiding. The subject of Industrial Nursing was presented by Mrs. Eleanor Ericson of Chicago, and The Nurse's Responsibility in Civic Affairs was very ably discussed by Emil H. Tolkach. At the Private Duty session, over which Petronella Huber of Kansas City and Frances Ott of Morocco, Indiana, presided, there was a record attendance, due partly, perhaps, to the large number of senior nurses who were present, the senior class of each of the different hospitals in the city having been invited. These subjects were presented: Where Is the Modern Private Duty Nurse? by

Frances Ott of Morocco, Indiana; The Value of the Community Idea under Different Aspects, prepared by Mary McGrath of St. Joseph, read by Miss Doran; The Graduate Nurse in the Hospital, by Petronella Huber of Kansas City; Loyalty, by Matilda Bell of St. Louis. On the morning of the last day, the State League of Nursing Education held its session. After reports from the officers and from the Kansas City and St. Louis Leagues, M. Anna Gillis read a paper on What Is the League of Nursing Education? which had been prepared by Charlotte B. Forrester, and Helen L. Bridge discussed a Preparatory Course for Nurses. These papers called forth considerable comment. The League elected the following officers: President, M. Anna Gillis, superintendent City Hospital Training School, St. Louis; vice president, Elsie Ruffer, superintendent St. Luke's Hospital Training School, St. Louis; secretary, Charlotte B. Forrester, superintendent Christian Church Hospital Training School, Kansas City; treasurer, Miss Burman, superintendent, Mercy Hospital, Kansas City; chairman public health section, Elvira Barron, supervisor Municipal nurses, St. Louis; chairman private duty section, Elizabeth T. Doran, St. Joseph. At the Red Cross session in the afternoon, at which Cornelia Seelye presided, there was a short musical programme followed by interesting reports of the chairmen of the state and local committees. Then George W. Simmons, manager of the Southwestern Division of the Red Cross, addressed the members, and Lydia Anderson, the new representative of the Nursing Service Department for that division, read a paper on The Graduate Nurse's Responsibility to the Red Cross. At the various sessions, arrangements were made for round-table conferences, which proved very popular. The closing session of the convention was held in the evening, at which delegates were elected to the various conventions of affiliated organizations, and the new officers of the State Association, whose names follow, were presented: President, Margaret Rogers, superintendent Jewish Hospital, St. Louis; vice presidents, Elsie Ruffer, superintendent St. Luke's Hospital Training School, St. Louis; Marie Brockman, health supervisor, Bell Telephone Company, St. Louis; secretary, Janet C. Bond, instructor, City Hospital, St. Louis; treasurer, Janette Flanagan, service secretary, Masda Lamp Works, St. Louis; chairmen of committees: legislative, Helen L. Bridge, assistant superintendent Washington University Training School, St. Louis; credentials, Anna Teilmeyer, St. Louis; arrangements and programme, M. Anna Gillis, superintendent City Hospital Training School, St. Louis; constitution and by-laws, Anna Barr, superintendent Visiting Nurse Association, Kansas City; ways and means, Loella Adkins, superintendent Chillicothe Hospital, Chillicothe; finance, A. C. Robinson, St. Louis. Margaret McKinley, registrar of the Central Directory, was chosen Honorary President. The Convention then adjourned to meet in St. Louis in October, 1918. St. Louis.—The Graduate Nurses' Association of St. Louis held its annual meeting at Schuyler Memorial Hall on October 15. After routine business, the plan of reorganization was discussed, and it was found that most of the alumnae will be ready to work under the plan from January 1, 1918. These officers were chosen for the year: President, M. Anna Gillis, vice presidents, Isabelle Welland, Mary A. Coleman; recording secretary, Mrs. Anna S. Nagel; treasurer, Catherine Smith; executive board, Elsie Lannigan, Eunice Wright; directory board, Lucy Funkhauser, Charity Laubender. The St. Louis League of Nursing Education held its annual meeting with Miss Gillis, at the City Hospital, on October 17. The present state law, the constitution and by-laws of the Missouri State Association and of the Missouri State League of Nursing Edu-

cation were discussed at some length. The following officers were elected: President, M. Anna Gillis; vice president, Helen L. Bridge; secretary-treasurer, Mrs. Mary A. Nelson.

New Hampshire: Concord.—Mrs. Eva M. Crosby has recently resigned her position as night supervisor of the Infirmary of St. Paul's School, to become superintendent of The Carrie F. Wright Hospital, at Newport, New Hampshire, succeeding Miss Spinney, who had resigned.

New Jersey.—The New Jersey State Nurses' Association held its tenth semi-annual meeting in the Lyceum Theater Building, East Orange, on November 7. After the invocation by the Reverend Dr. Charles T. Walkley, rector of Grace Episcopal Church, Orange, addresses of welcome were given by Lincoln Rawley, in the absence of the Mayor, and by Martha W. Moore, president of the Alumnae Association of Orange Memorial Hospital. These were responded to by Mary E. Rockhill, president of the State Association, and Helen Carol Howes, president of the State League of Nursing Education. After routine business, including the reports of officers and chairmen of standing committees, Mary E. Rockhill gave the president's greeting. This was followed by the reports of special committees, with interest centering largely in the question of reorganization and the state survey. In the afternoon the State League of Nursing Education held a short business meeting, after which a joint session was held, at which addresses were given by Mrs. Charles Stockton, chairman of the State Woman's Committee of the Council of National Defense, asking for the co-operation of nurses, and by Mrs. Otis A. Glazebrook, who has recently returned from Jerusalem, and who gave some of her experiences during a three years' residence in the east. After the reports of Mrs. d'Arcy Stephen and Margaret Hickey, who had served as delegates to the State Federation of Women's Clubs, and the report of Elizabeth Higbid, the delegate to the 1917 national convention, a most interesting and helpful talk was given by the newly-appointed interstate secretary, Adda Eldredge. It was decided to hold the next meeting in Atlantic City in April. The New Jersey State Organization for Public Health Nursing held its fall meeting on October 27, at Asbury Park, the president, Mary V. Crich, in the chair. The reports of the committees were encouraging, that on membership showing a decided growth in numbers and interest. After the invocation by Reverend F. H. Richey, the rector of Trinity Church, Mr. B. H. Obert, the Mayor's deputy, extended a cordial welcome on behalf of the city. Mr. D. C. Bower then gave an account of Public Health Administration, which was vitalized by his knowledge of the local and state departments of health. This was followed by a talk on the Mission of Florence Nightingale, introduced by a brief history of her life. The History and Evolution of the Visiting Nurse, as presented by Ella Phillips Crandall, was both interesting and enlightening. In the absence of Carolyn C. Van Blarcom, Mrs. Thatcher M. Brown read a paper on the Work of the Red Cross Chapter, which gave in condensed form a very explicit account of their activities. Following this, Helen Stephen spoke of the Status of the Red Cross Nurse in New Jersey. This meeting, at which the announcement was made of the prospective affiliation with the State Federation of Women's Clubs, was well attended. The next meeting will be held in January, either in Jersey City or Newark. **Orange.**—The Orange Training School Alumnae Association held its annual meeting, on October 17, at the home of Annie Curry. The election of officers resulted as follows: President, Martha Moore; vice presidents, Edith Cooke, Mrs. Edward G. Robb; secretary,

Julia Fuss; treasurer, Anna Millholland. Montclair.—The Mountainside Hospital Alumnae Association held its annual meeting at the Graduate Nurses' Club, on October 17. Ida Stitt, the retiring president, gave a report of the work done during the year, showing how the Association had advanced along many lines, but especially financially. She wished godspeed to the members now in foreign countries and to those who would be joining them from time to time. These officers were chosen: President, Mrs. M. W. Huttenloch; vice presidents, Ida Stitt, May Willer; recording secretary, Mrs. E. L. Wilson; corresponding secretary, Hulda Budde; treasurer, Kate Garratt. Hackensack.—Hackensack Hospital Alumnae Association held a meeting at the Nurses' Home on November 5, for the purpose of considering the question of reorganization, upon which Miss Higbid read a paper. It was decided to increase the annual dues to two dollars, to buy a \$50 Liberty Bond on the installment plan, and to start a Furniture Fund, the money to be donated by the nurses for furnishing the alumnae room. These donations are payable to the treasurer. After the formal business, Miss Chetwell of the Anti-Tuberculosis League of Bergen County, gave a talk on social service work, in which she commented on the scarcity of graduate nurses in this particular field. A social hour followed.

New York.—The New York State Board of Nurse Examiners will hold examinations for registration on January 29, 30 and 31, simultaneously in New York City, Albany, Syracuse, Utica, Rochester and Buffalo. Applications should be addressed early to George M. Wiley, State Department of Education, Albany. The subjects covered in the examination are as follows: Anatomy and physiology, medical nursing and nursing of children, obstetrical nursing (for female applicants only), genito-urinary nursing (for males only), materia medica, bacteriology and surgery, diet cooking, practical procedures. Miss Hitchcock, the secretary of the Board of Examiners, is in her office at 600 Lexington Avenue, New York City, telephone, Plaza 6000, from 10 to 12 mornings, and is glad to see nurses or answer any inquiries concerning the examination. The New York State Nurses' Association held its sixteenth annual convention in Binghamton, on October 17 and 18. The first meeting was called to order by the president, Mrs. Hugh Reid Jack, after which the invocation was pronounced by Dr. J. J. Lawrence of the First Presbyterian Church. In the absence of the Mayor of the city, the address of welcome was given by Mr. Page, the corporation counsel. Mrs. Reed B. Freeman welcomed the nurses on behalf of the women of the city. The response to these addresses was given by Carrie J. Brink, superintendent of nurses at Bellevue Hospital, New York City. The names of fourteen organizations and fifteen individual applicants were voted into membership. The remainder of the morning session was devoted to reports from special and standing committees and from the delegates. The afternoon session was held at the State Hospital, having been preceded by an automobile ride around the city. Owing to the unavoidable absence of Dr. Wagner, the superintendent of the hospital, Dr. Townsend, his assistant, gave the opening address, in which he presented most interestingly some of the historic facts connected with the development of state hospitals, showing very clearly the great advancement that has been made in the care of this class of patients. Adele S. Poston, superintendent of nurses at Bloomingdale Hospital, then spoke on The Training Schools in the Mental Hospitals. This paper was followed by one by Dr. Lovett, of the State Department of Health, on Infantile Paralysis and Its After Care. At the close of the session, groups of the delegates were taken on tours of inspection

through the various buildings, after which all returned to the Administration Building, where bountiful refreshments were served. A Red Cross meeting was held in the evening. After the invocation by Reverend Theodore J. Deevers, Rector of Trinity Church, Helen Scott Hay, director of the Bureau of Instruction of the American Red Cross, gave a most interesting talk on Red Cross Nursing Service. This was followed by a paper on Red Cross Town and Country Nursing, by Eva M. Schied, Welfare Nurse of Herkimer County, which was read by Miss Tibbitts, superintendent of the Utica State Hospital. At the Thursday morning session, Mrs. C. G. Stevenson, chairman of the Legislative Committee, made a report, following which the Association adopted this resolution: "That the Executive Committee together with the Committee on Legislation be empowered to introduce a bill in the Legislature of 1918 in the form in which it passed the Senate of 1916 with the addition of a reciprocity clause, unless subsequent events should render such a course unadvisable." The Nurse as an Assistant Roentgenologist was interestingly presented by Emily McCreight, superintendent of Arnot Ogden Hospital, Elmira. This was followed by a presentation of Some Problems in Eugenics by Maurice Bigelow, Ph.D., professor of biology at Teachers College. Dr. Stuart Blakely of Binghamton then spoke on Birth Control, from the opposite point of view. The discussion of the proposed amendments to the constitution and by-laws came next. With a few minor changes, these amendments were adopted. During the interval between the morning and afternoon sessions, the members were charmingly entertained at a subscription luncheon at the Hotel Arlington, at which the President of the Chamber of Commerce was present and extended a cordial welcome. Clara Barton McMillian of New York City presented a paper on Private Duty Nursing at the afternoon meeting. Addresses on Serum Therapy and Vaccines by Bert Nelson, city bacteriologist of Binghamton, and Modern Care of Infectious Diseases by Dr. Paul B. Brooks, sanitary supervisor of the State Department of Health, completed the programme for the afternoon. The Association then voted to accept the invitation to hold the next convention in Rochester. Two papers were presented at the evening session, one by Helen M. Estabrook, food conservation agent of the New York State Food Supply Commission, on Food Conservation; the other by Dr. Frank M. Dyer, of the City Hospital of Binghamton, on Health Insurance from a Physician's Standpoint. The report of the tellers showed the following officers elected: President, Elizabeth E. Golding, New York; vice president, Katherine Danner, Buffalo; secretary, Julia A. Littlefield, Albany; treasurer, Louise Sherwood, Syracuse; trustee for three years, Amy M. Hilliard, New York; executive committee, Elisabeth A. Greener, New York, Katharine DeWitt, Rochester, Theodora H. LeFevre, Binghamton; candidates for the Board of Nurse Examiners, Carolyn E. Gray, New York, Miss Atkin, Binghamton. After the introduction of the new officers, the meeting adjourned. The State Civil Service Commission is to hold an examination for county (or visiting) nurse for county tuberculosis hospitals on December 8. (Note.—As all applications must be in the hands of the Commission before December 3, a more detailed announcement would have no value.—Ed.) New York.—A National Nurses' Registry for Colored Graduate Nurses was established at Lincoln Hospital, New York City, by action of the National Association of Colored Graduate Nurses, at its tenth session held in Louisville, Ky. Adah B. Thomas, Lincoln Hospital, was elected president. Brooklyn.—Long Island College Hospital Alumnae Association held its first meeting of the season at the Club Rooms,

on October 9. Great interest was shown in the choosing of a committee to send each member overseas a Christmas box. Miss Hoge, the president, was chosen delegate to the state convention. **Rochester.**—The Rochester Homeopathic Alumnae Association held its annual meeting on November 6, when the following officers were elected: President, Mrs. Doris Chambers; vice president, Jessie Burton; treasurer, Emily Jones. Miss Bailey, the delegate to the convention of the New York State Nurses' Association, read a report of the meeting. **Buffalo.**—The Buffalo General Hospital formally opened its new Memorial Hall on October 23. The net proceeds of this building are to be used in charity work in the wards of the hospital. Anna P. Evans, class of 1897, who for the past ten years has been doing settlement work in connection with Westminster House, where she has proved most efficient, resigned on November 1, as that work has recently been taken over by the public health nurses.

North Carolina: Winston-Salem.—Mrs. Dorothy Hayden, who is now at Fort Oglethorpe, Georgia, serving under the Red Cross, has resigned her position as secretary of the North Carolina State Nurses' Association, Blanch Stafford, of Winston-Salem, succeeding her.

North Dakota.—The North Dakota State Association held a session, through its Board of Directors, at the Y. W. C. A. in Grand Forks, on October 29 and 30. The names of the Board members follow: President, Ethel E. Stanford; vice presidents, Leila Halverson, Alda Langley, secretary-treasurer, Frances Riordan; corresponding secretary, Minnie Traynor; acting corresponding secretary, Agnes Patterson; Jennie Mahoney, Marie C. Hanson, Clara Rue. New members were admitted and plans for the 1918 convention to be held in Fargo, were discussed.

Ohio.—The State Medical Board, through its Nurse Registration Committee, will hold its next examination for the registration of nurses on December 12 and 13, in the State House, Columbus. Harriet L. P. Friend is Chief Examiner. **Cleveland.**—The Cleveland Graduate Nurses' Association has chosen these officers for the year: President, Cecelia Evans; vice president, Caroline V. McKee, Claribel Wheeler; recording secretary, Sarah B. Stevens; corresponding secretary, Mildred Whitlock; treasurer, Anne Williamson; assistant treasurer, Anne Williamson; assistant treasurer, Agnes McLeod.

Oklahoma.—The Oklahoma State Association of Graduate Nurses met, for its ninth annual convention, at the Lee Huckins Hotel in Oklahoma City, on October 24 and 25. The president, Rose Walker, called the meeting to order, with sixty-seven present. After an address of welcome by Mayor Overholser and a response by Mrs. Scroggs of Norman, interesting reports were read of the work of the treasurer and secretary, the examining board, and the inspector of training schools. The Red Cross Committee and the State League of Nursing Education held sessions immediately afterward. At the afternoon meeting the President's address was given, followed by a paper on Conservation of Infant Life, by Dr. W. M. Taylor of Oklahoma City. The Ad Club then took the members on a sight-seeing trip around the city. In the evening an interesting paper on Red Cross Nursing was read by Lina Davis, superintendent of St. Anthony's Hospital, Oklahoma City. Retta Johnson, secretary of the Texas State Association, had been invited to be present; she gave a very able discussion of the question of reorganization. The two sessions held on Thursday had as their chief topic, reorganization. After much discussion it was decided to reorganize by counties, to take out a charter, and to adopt

the new constitution and by-laws under which the name of the organization is to be, The Registered Nurses' Association of the State of Oklahoma. A progressive luncheon was given by the various hospitals, with musical selections interspersed. These officers were chosen for the coming year: President, Mrs. Kate B. Scott, Tulsa; vice presidents, Ina Smith, Oklahoma City, Janet Scott, Oklahoma City, Emma Peel, Muskogee, Mrs. Charlotte Huggins, Muskogee, Mrs. Pearl Lyng Baker, Enid, Jennie Martin, Guthrie, Grace Erwin, Clinton; secretary and treasurer, Mrs. F. D. Bearly, Oklahoma City. This convention proved to be the most enthusiastic the Association has yet held. The meeting adjourned to meet in Tulsa, in October, 1918. In the evening, after all business cares were laid aside, the women in evening gowns gathered in the Banquet Hall of the hotel for a banquet, at which the after-dinner speakers emphasized the deepest feeling for the nurses who are serving their country at this time. On behalf of the Association, Mrs. F. D. Bearly presented Miss Johnson of Texas, with a small token of friendship.

Pennsylvania: Philadelphia.—The Committee on Infant Welfare Nursing of the Babies' Welfare Association, at a recent meeting, decided that the interests of the public would best be served by keeping in the United States all nurses doing public health work, especially work concerned with infants and young children. St. Agnes Hospital Alumnae Association held its regular monthly meeting in the Study Hall, on October 24, seventeen members being present. Letters from the Red Cross Social Service Department were read, urging nurses to join that Branch. The pupil nurses invited the graduates to an entertainment to be given by them. Afterwards, Roberta West, of the Liberty Loan Committee, gave a very interesting talk on Liberty Bonds. A social hour followed. **Pittsburgh.**—The Allegheny General Nurses' Alumnae Association recently held its annual reunion banquet, with Alice Pierson, the former superintendent of nurses, the guest of honor. The treasurer was authorized to invest \$500 in Liberty Bonds, and the secretary was instructed to send messages to all their nurses doing war service. **Lancaster.**—St. Joseph's Hospital Alumnae Association held its regular monthly meeting on October 3, for the purpose of nominating officers for 1918. The election will take place at the annual meeting, scheduled for the first Tuesday in January. **South Bethlehem.**—St. Luke's Hospital Alumnae Association held its annual meeting on Hospital Day, October 18, when the following officers were elected for a period of three years: President, Martha Perrine; vice president, Ida Van Buskirk; secretary and treasurer, Helen McDaniels; corresponding secretary, Carrie Pedrick. Ida Van Buskirk was chosen delegate to the meeting of the State Association, which was held in Scranton. Marie Brown was chosen to represent the hospital at the same meeting. The graduating class of seven was enrolled in the Association's membership. At the close of the graduating exercises, the Alumnae Association gave a reception and tea to the graduating class and their friends.

Rhode Island: Providence.—The Rhode Island Hospital Nurses' Club met at the Nurses' Home on November 6, to listen to an address on Nervous and Mental Diseases by Dr. William McDonald, Jr., who illustrated his remarks with original drawings. In closing, Dr. McDonald gave a very personal talk to the nurses who expect to go out with the Unit very soon. The meeting was exceptionally well attended. The Providence Branch of the Guild of St. Barnabas met at St. Stephen's Church on November 1. The Chaplain, Dr. Fiske, gave a little introductory talk on All Saints' Day and Its Significance.

Mary Foster then spoke on the work of the Church Periodical Club in distributing magazines, pictures, books, games, etc., and of the constant evidence that these are of great help and interest to those who receive them.

South Dakota.—The South Dakota State Nurses' Examining Board will hold its first meeting and examination for registration of nurses, at the Capitol Building, Pierre, January 9 and 10. Applications, properly executed, together with diploma and fee, must be filed with the secretary, at least two weeks prior to the date of examination. Applications for reciprocity, together with state certificate, diploma and fee, must be filed with the secretary at least two weeks prior to the date of the Board meeting. Waiver of examination for registration expires December 31, 1917. For further information, apply to Mrs. Elizabeth Dryborough, R.N., secretary-treasurer, Rapid City, South Dakota.

Tennessee.—The East Tennessee Graduate Nurses' Association recently started a fund for the benefit of the Tennessee soldiers, to which each member is contributing a cent a day. There are seventy or more members.

Utah.—The bill creating the Utah State Board of Examination and Registration of Hospital Trained and Graduate Nurses, was passed on March 1, was approved by the Governor on March 8, and became effective on May 8, 1917. It reads as follows:

Be it enacted by the Legislature of the State of Utah:

Section 1. Board of examination and registration. Within sixty days after this Act takes effect, the Governor shall appoint a State Board of Examination and Registration of Hospital Trained and Graduate Nurses, consisting of five members.

Sec. 2. Qualifications of members. Each person so named shall be a trained nurse, at least twenty-three years of age, and a graduate of a training school connected with a hospital of recognized standing. Their successors in office shall be nurses duly registered under the provisions of this Act.

Sec. 3. Terms of office. Three members of said Board shall be appointed by the Governor to hold office for two years, and two of said members to hold office for the term of four years. At the expiration of the term of each person so appointed, his successor shall be appointed for a term of four years. An office made vacant by resignation, death, or otherwise, shall be filled in the same manner as herein provided for the first appointment.

Sec. 4. Working organization—rules and regulations—seal. Within thirty days after appointment, said Board shall assemble and proceed to effect a working organization. There shall be elected from among its members a President, Vice President and a Secretary, who shall also act as Treasurer. These officers shall serve for two years; and biannually (biennially) thereafter their successors shall be elected to serve for a like period. Three members of the Board shall constitute a quorum. The Board shall be authorized to make such rules and regulations to govern its proceedings and to carry into effect the provisions of this Act as shall be found necessary or convenient. The Board shall adopt a seal.

Sec. 5. Officers—duties—records—reports. The President shall be chairman of the Board and its principal executive officer, with the powers and duties usually incident to such position. The Vice President shall act in the absence of the President. The Secretary shall have full charge of all moneys and books of accounts, and all other transactions of the Board, and shall be required to keep a record of all meetings of said Board, and a register of names of all

nurses applying for registration, and those duly registered under the provisions of this Act. The nurses' register, books of accounts, and the proceedings of said Board shall be kept in the office of the State Board of Health, and shall be open at all reasonable times for public inspection. The Board shall be charged with the duties of enforcing the provisions of this Act, and of causing the prosecution of any person violating any of its provisions. An annual report shall be made to the Governor and shall be filed in his office before January 1st, of each year.

Sec. 6. Meetings. The Board shall provide for a regular annual meeting for the transaction of such business as may come before it. Special meetings may be called by the President, or by the Secretary on request in writing of any three members of the Board. The meetings of said Board for the purpose of holding examinations shall be as hereinafter provided.

Sec. 7. Compensation—expenses—limitations. The Board members, with the exception of the Secretary, shall receive not to exceed four dollars per day for each day or fraction thereof, actually engaged in attendance upon meetings of the Board, and also for those days spent in going to and from the place of meeting. Said members, with the exception of the Secretary, shall also be allowed all necessary traveling expenses incurred in attendance upon said meetings. The salary of the Secretary shall be fixed by the Board, and shall not exceed five hundred dollars per annum. All necessary expenses incurred in carrying out the provision of this Act, including stationery, books of account, office furniture and supplies, cost of prosecution, and other like expenses shall be borne by the Board, and the Secretary shall draw vouchers in payment of the same, duly countersigned by the President as hereinafter specified, provided, however, that in no event shall the expenditures of said Board exceed the revenues.

Sec. 8. Fees—special fund—disbursements. Upon filing application for examination, each applicant shall pay an examination fee of ten dollars, which shall in no case be returned to the applicant. Nurses applying for registration without examination shall be required to pay a like fee. All fees received by said Board shall be paid to the Secretary of said Board, who shall at the end of each and every month deposit the same with the State Treasurer, and the State Treasurer shall place the money so received in a special fund, to be known as the fund of the State Board of Examination and Registration of Hospital Trained and Graduate Nurses, and shall pay the same out on vouchers issued and signed by the Secretary and the President of the Board upon warrants drawn by the Auditor of the State. All money so received and placed in said fund may be used by said Board in paying the salaries and other expenses authorized by this Act.

Sec. 9. Practicing without certificate prohibited. One hundred and twenty days after said Board shall organize and elect its officers as hereinbefore provided, it shall be unlawful for any nurse to practice nursing as a Hospital Graduate, or Registered Nurse, without a certificate from the Board hereby created, provided, however, that this Act shall not be construed to affect or apply to any person nursing the sick as a practical nurse who does not assume to be, or to practice as, a hospital trained graduate, or registered nurse.

Sec. 10. Time for registration—qualification of applicants. An applicant for registration, who has been a resident of the State of Utah for six months before the 1st of March, 1918, shall be registered without examination, provided application for registration be made by said applicant prior to the 1st

of March, 1918, and said applicant has been graduated before said date from a reputable training school for nurses connected with a general hospital, provided however, that any student now in training in any hospital training school in the State of Utah, who has previously made application for registration, may have until January 1st, 1919, to register. An examination, as hereinafter provided, shall be required of all other applicants. No person shall be eligible for such examination who shall not furnish satisfactory evidence of having been graduated from an accredited training school for nurses, and who has not reached the age of twenty-one years.

Sec. 11. Training School. An accredited training school for nurses within the meaning of this Act, is hereby defined to be, a school for the training of nurses attached to, or operated in connection with, a hospital or hospitals, with a minimum capacity of forty beds, giving a general training and a systematic, theoretical, and practical course of instruction covering a period of at least three years. All applicants for examination must furnish satisfactory evidence of good [.] moral character, and of having complied with the provisions of this Act relative to qualifying.

Sec. 12. Examinations. It shall be the duty of said Board to meet on January 2nd, and July 1st, of each year for the purpose of holding examinations in both theory and practice under the provisions of this Act. Said examinations shall cover Bacteriology, Elementary Hygiene, Anatomy, Physiology, Materia Medica, Dietetics (Dietetics), Practical Nursing, Medical and Surgical Nursing, Obstetrics, Nursing of Children, and the rules and regulations of the State Board of Health relating to infectious diseases and quarantine, and other subjects required from time to time. A nurse who has received his certificate according to the provisions of this Act shall be styled and known as a registered nurse, and shall be entitled to place the initials R. N., after his name.

Sec. 13. Registration of nurses from other States. The Board upon written application, and upon the receipt of ten dollars registration fee, shall issue a certificate of registration to any applicant who has been duly registered as a nurse under the laws of another State or foreign country, having requirements similar to those provided in this Act.

Sec. 14. Revocation of certificates—procedure—notice—appeal—costs. The Board shall have power to revoke any certificate issued in accordance with this Act, by unanimous vote of said Board, for gross incompetency, dishonesty, habitual intemperance, or any other act or conduct derogatory to morals, calculated to lower the standard of the profession of nursing; but before any certificate can be revoked the holder shall be entitled to at least thirty days' written notice of the charge against him, and of the time and place of hearing, at which time and place he shall be entitled to present any evidence bearing upon the question which he may have, such charge shall be set forth fully in a duly verified complaint. Upon revocation of any certificate it shall be the duty of the Secretary, to strike the name of the holder thereof from the roll of registered nurses, and notice of such revocation shall be sent to the State Board of Examination and Registration of Nurses in other states; provided, that any nurse whose certificate shall be revoked for any cause may appeal to the District Court of the county wherein such revocation shall be made in all respects as is provided by law in civil cases. Should such person prevail in such appeal, all costs of action shall be assessed against said Board.

Sec. 15. Inspectors—qualifications—fees. The Board shall have the power to appoint an inspector of hospitals and training schools for nurses, whose duties shall be outlined by the Board. Such appointee may or may not be a member of the Board, but in either event must be a hospital trained graduate and registered nurse. The inspector shall receive, not to exceed five dollars a day, when actually engaged in the service of the Board, and also all necessary expenses incurred while in the discharge of his official duties.

Sec. 16. Penalty for violation of Act. Any person violating any of the provisions of this Act, or making any false representations to the said Board in applying for a certificate shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than one hundred dollars, nor more than five hundred dollars, or by imprisonment of not more than thirty days in jail, or by both such fine and imprisonment.

Wisconsin.—The Committee of Examiners of Registered Nurses will hold an examination for state registration on January 8 and 9, 1918, in the Senate Chamber of the State Capitol, Madison, Wisconsin. All applications should be on file before January 1st. Further information may be obtained from Anna J. Haswell, R.N., 1610 Jefferson Street, Madison, Wisconsin. The Wisconsin Association of Graduate Nurses held its eighth annual meeting in Milwaukee, at the County Nurses' Club, on October 2 and 3. The first hours of the morning session of October 2, were occupied with registration and round tables for superintendents of training schools, led by A. Richle, Neenah; for private duty nurses, conducted by Ella McGovern, Milwaukee; and for public health nurses, presided over by Mrs. Kate Kohlsaat, superintendent of the Visiting Nurse Association, Milwaukee. These round tables were followed by an address on The Problems of the Small Hospital, by Mary C. Wheeler, superintendent of the Illinois Training School for Nurses, Chicago. At the afternoon session, after the invocation by the Reverend Paul Jenkins, Hon. Daniel W. Hoan, Mayor of Milwaukee, gave the address of welcome; the response was given by Mrs. Millicent Northway, superintendent of Kenosha Hospital. The officers, the chairmen of the various standing committees, the delegates to conventions, and the affiliated organizations all made encouraging reports. In the evening, Dr. C. A. Harper, state health officer, spoke on The Health of Our State. At the morning session of the 3rd, Anna J. Haswell, secretary, gave a report of the Committee of Examiners for State Registration, and Stella Mathews, chairman, gave the report of the State Committee on Red Cross Nursing Service. These reports were followed by a discussion of Rural Nursing under Red Cross Supervision, by Charlotte Van Duzor of Grand Rapids, Mich., who is county school nurse for Kent County. Rural Nursing under County Supervision was presented by Mae Coleman, of Manawa, Wis., county nurse for Waupaca County. The discussion was led by Stella Fuller, chief nurse of the Wisconsin Anti-Tuberculosis Association. Frances Ott, chairman of the Private Duty Section of the American Nurses' Association, spoke on Where is the Modern Private Duty Nurse? with discussion by Miss Eastman and Edith Turney, both of Milwaukee. Elnora Thomson, chairman of the Mental Hygiene Section of the American Nurses' Association, gave an address on The Trained Nurse and the Mentally Ill, the discussion being led by Hazel Morton, superintendent of Training School, Mendota Hospital, Mendota, Wis. The following officers were elected: President, Mrs. Millicent Northway, Kenosha Hospital, Kenosha; secretary, Mrs. Kate Kohlsaat, 807-809

Merchants and Manufacturers Bank Building, Milwaukee; treasurer, Margaret Pakenham, Downer College Infirmary, Milwaukee. In the evening, Ellen Sabin, president of Downer College, gave an address, which marked the close of the convention.

BIRTHS

In October, at Bristol, Conn., a son, to Dr. and Mrs. J. R. Woisard. Mrs. Woisard was Evelyn Bellrose, class of 1913, St. Francis Hospital, Hartford.

In October, at Hartford, Conn., a son, to Dr. and Mrs. C. V. Flaherty. Mrs. Flaherty was Mary Duane, class of 1912, St. Francis Hospital, Hartford.

MARRIAGES

On September 23, at Buffalo, N. Y., Muriel Winfred Carter, class of 1913, Long Island College Hospital, Brooklyn, to Ira David Gibbons.

On October 23, at Washington, D. C., Mary Edna Whyte, class of 1914, Long Island College Hospital, Brooklyn, to Harold Vincent Raycroft, M.D.

On June 20, at the British Consulate, Chengtu, West China, Margaret J. Modeland, class of 1908, Allegheny General Hospital, to Reverend C. A. Bridgman. Mr. and Mrs. Bridgman will live in Fowchow, Szechwan, West China.

On May 24, at Baltimore, Md., Grace D. Barclay, class of 1912, Johns Hopkins Hospital, to J. Earle Moore, M.D. Dr. and Mrs. Moore have joined the workers in France.

On June 9, at Troy, Oona Staples, class of 1916, Johns Hopkins Hospital, to Lindsay Rogers of the University of Virginia. Prof. and Mrs. Rogers will live in University, Va.

Recently, Helen L. Shannon, class of 1916, St. Joseph's Hospital, Lancaster, Pa., to James S. Dixon, M.D. Dr. and Mrs. Dixon will live in Blossburg, Pa.

On August 24, at Fayetteville, W. Va., Mary E. Feamster, class of 1915, Stuart Circle Hospital, Richmond, Va., to J. Tyree Wills.

On August 20, at Graham, N. C., Vallie Bradshaw, class of 1916, Stuart Circle Hospital, Richmond, Va., to J. P. Ellis. Mr. and Mrs. Ellis will live in Alliance, Ohio.

On October 10, May White, St. Barnabas Hospital, Newark, N. J., to Alfred Moufre.

On October 11, at Eagle Pass, Texas, Wilda Singer, class of 1910, German Hospital, Philadelphia, to Lieut. Frank Marston, U. S. A. Lieut. and Mrs. Marston will live in Eagle Pass.

On October 31, at South Bethlehem, Pa., Elsie Brewer, class of 1909, St. Luke's Hospital, South Bethlehem, to George C. Flick.

Recently, at St. Joseph's Rectory, Providence, R. I., Alice E. Meehan, class of 1911, Rhode Island Hospital, to Dennis A. Hurley. Mr. and Mrs. Hurley will live in Providence. (Note.—Owing to an error in our Rhode Island correspondent's material, this notice was incorrectly printed last month.—Ed.)

On August 12, at Sunrise, Wyoming, Eda May Gallaher, class of 1911, Minnequa Hospital, Pueblo, to Frank Pine. Mr. and Mrs. Pine will live in Sunrise.

On October 30, at Cambridge, N. Y., Margaret Hill, class of 1908, Rhode Island Hospital, Providence, R. I., to Frederick Barton Stevenson.

On June 8, at Pueblo, Colo., Loretta Marie Welsh, to George Ernest Connelly. Mr. and Mrs. Connelly will live in Bellefontaine, Ohio.

On July 16, at Los Angeles, Cal., Martha M. Pabor, class of 1905, St. Louis Baptist Hospital, St. Louis, Mo., to James Fitch Stewart. Mr. and Mrs. Stewart will live in Los Angeles.

On August 19, at Memphis, Tenn., Ella G. Carleton, class of 1903, St. Louis Baptist Hospital, St. Louis, Mo., to Samuel G. Barton. Mr. and Mrs. Barton will live in Memphis.

On August 4, Olive Horn Peabody, class of 1907, New England Hospital for Women and Children, Boston, Mass., to James Richardson. Miss Peabody had been assistant superintendent of nurses at the New England Hospital.

On October 12, at Roxbury, Mass., Katherine Mary McMullen, class of 1913, Boston City Hospital, to Charles Curtiss Printiss.

On October 3, at Hartford, Conn., Nora A. McNamara, class of 1914, St. Francis Hospital, Hartford, to Michael J. Shanahan. Mr. and Mrs. Shanahan will live in Norwich.

On October 22, at Mystic, Conn., Mary A. Greenhalgh, class of 1917, St. Francis Hospital, Hartford, to Michael R. Mullen. Mr. and Mrs. Mullen will live in Springfield, Mass.

On October 17, at Monona, Iowa, Elizabeth Esther Davis, class of 1907, Massachusetts General Hospital, Boston, to Horace Hamilton Smith. Mr. and Mrs. Smith will live in Monona.

On July 2, at Marshfield, Ore., Helen Fleming, to Harold Taber Lewis. Mr. Lewis is now with the forces in France, and Mrs. Lewis will live in Eugene, Ore., until his return.

On October 20, at Philadelphia, Pa., Nellie D. MacD. Smith, class of 1908, Protestant Episcopal Hospital, Philadelphia, to Abram L. Pennock. Mr. and Mrs. Pennock will live in Germantown, Pa.

On October 25, at Philadelphia, Pa., Nellie May Stahl, class of 1912, Protestant Episcopal Hospital, Philadelphia, to Frank A. Schmidt. Mr. and Mrs. Schmidt will live in Wilmington, Del.

On August 21, at Manhattan, Kan., Clementine Belle Wallin, class of 1915, Bethany Hospital, Kansas City, Kan., to Archibald A. McLaurin, M.D. Dr. and Mrs. McLaurin will live in Rapid City, S. D.

On October 31, Grace MacKenzie, class of 1909, St. John's Riverside Hospital, Yonkers, N. Y., to Joseph Clark Godfrey. Mr. and Mrs. Godfrey will live in Yonkers.

On October 11, Lydia A. Malmsten, class of 1908, Lord Lister Hospital, Omaha, Neb., to Laurence E. Woolf. Mr. and Mrs. Woolf will live in Vancouver, Wash.

On October 15, Marie Ohge, St. Joseph's Hospital, Sioux City, Iowa, to William Jepsen, M.D. Dr. and Mrs. Jepsen will live in Sioux City.

DEATHS

On October 29, at East Orange, N. J., Mrs. Emily Ogle, class of 1887, Orange Memorial Hospital.

In October, at Windsor, Ontario, Canada, Ruth McCabe, class of 1912, Mercy Hospital, Denver, Colo.

On September 25, at Trenton, N. J., Ella M. Doran, class of 1915, McKinley Memorial Hospital, Trenton. Miss Doran's death was due to tuberculosis.

On September 29, Sadie Brown, class of 1908, Grace Hospital, Detroit, Mich. Miss Brown had been a supervisor at Grace Hospital for about three years, and her associates feel her loss keenly.

On October 29, at East Orange, N. J., Mrs. Richard P. Van Brockle, after prolonged suffering borne with great fortitude and cheerfulness. Mrs. Van Brockle was Anna M. Disbrow, class of 1897, Orange Memorial Hospital.

OFFICIAL DIRECTORY

Committee on Nursing of the General Medical Board of the Council of National Defense.—Chairman, M. Adelaide Nutting, R.N. Secretary, Ella Phillips Crandall, R.N., Council of National Defense, Washington, D. C.

The American Journal of Nursing Company.—President, Clara D. Noyes, R.N., The American Red Cross, Washington, D. C. Secretary, Minnie H. Ahrens, R.N., 915 Lakeside Place, Chicago, Ill. Editor and Business Manager, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses' Association.—President, Anne W. Goodrich, R.N., Teachers College, Columbia University, New York. Secretary, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R. N., 419 West 144th Street, New York, N. Y. Interstate secretary, Adda Eldredge, R.N., 45 South Union Street, Rochester, N. Y. Annual convention to be held in Cleveland, Ohio, May 7-10, 1918. Sections: **Private Duty**, Chairman, Frances M. Ott, R.N., Morocco, Indiana; **Mental Hygiene**, Chairman, Elnora Thomson, R.N., 157 East Ohio Street, Chicago; **Legislation**, Chairman, Anna C. Jamme, R.N., State Board of Health, Sacramento, Calif.

The National League of Nursing Education.—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md. Treasurer, M. Helena McMillan, R.N., Presbyterian Hospital, Chicago, Ill. Annual meeting to be held in Cleveland, Ohio, May 7-10, 1918.

The National Organization for Public Health Nursing.—President, Mary Beard, R.N., 561 Massachusetts Avenue, Boston, Mass. Secretary, Ella Phillips Crandall, R.N., Council of National Defense, Washington, D. C. Annual meeting to be held in Cleveland, Ohio, May 7-10, 1918.

National Committee on Red Cross Nursing Service.—Chairman, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Dora E. Thompson, R.N., War Department, Room 704, Mills Building, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington D. C.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, M. Adelaide Nutting, R.N., Teachers College, New York City. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Relief Fund Committee.—Chairman, Elizabeth E. Golding, R.N., care of American Journal of Nursing, 45 South Union Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York City, N. Y.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City. Assistant Professor, Anne W. Goodrich, R.N., Teachers College, New York City.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Helen MacLean, R.N., 2430 North Eleventh Avenue, Birmingham. Secretary, Bertha Thompson, R.N., T. C. I. Laboratory, Fairfield, Birmingham. President examining board, Lemoyne Phares, R. N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North Eleventh Avenue, Birmingham.

Arkansas.—President, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock. Corresponding secretary, Mary Cole, R.N., 1021 Palm Street, Little Rock. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock.

California.—President, Louise Groth, R.N., 1108 Grant Street, Santa Clara. Secretary, Mrs. J. H. Taylor, R.N., 126 Ramsell Street, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, R.N., State Board of Health, Sacramento.

Colorado.—President, Mrs. C. A. Black, R.N., 2315 Greenwood Avenue, Pueblo. Secretary, Mrs. J. F. Thurston, R.N., 2135 Arapahoe Avenue, Boulder.

President examining board, E. M. Gallaher, R.N., Pueblo. Secretary, Louise Perrin, R.N., State House, Denver.

Connecticut.—President, Mary Grace Hills, R.N., 200 Orange Street, New Haven. Secretary, Harriet E. Gregory, R.N., 75 Elmwood Avenue, Waterbury. President examining board, Lauder Sutherland, R.N., Hartford Hospital, Hartford. Secretary, R. Inde Albaugh, R.N., Pleasant Valley.

Delaware.—President, Anna M. Hook, R.N., 507 West 9th Street, Wilmington. Corresponding secretary, Amy Allen, R.N., 2212 Van Buren Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Anna M. Hook, R.N., 1337 9th Street, Wilmington.

District of Columbia.—President, Lucy Minnigerode, R.N., Columbia Hospital, Washington. Secretary, Katherine Douglass, 418 East Capitol Street, Washington. President of examining board, Sallie F. Melhorn, R.N., 2548 14th Street, N.W., Washington. Secretary-treasurer, Helen W. Gardner, R.N., 1337 K Street, N.W., Washington.

Florida.—President, Mrs. W. M. Porter, 227 Market Street, Jacksonville. Corresponding secretary, Isabel H. Odiorne, R.N., 419 East Forsythe Street, Jacksonville. President examining board, Julia W. Hopkins, Box 696, St. Augustine. Secretary-treasurer, Mrs. Louisa B. Benham, 738 Talleyrand Avenue, Jacksonville.

Georgia.—President, Henrietta Myers, 126 East Taylor Street, Savannah. Corresponding secretary, Eva Higginbotham, Park View Sanitarium, Savannah. President examining board, Louise Hazelhurst, Macon. Secretary and treasurer, Jane Van de Vrede, R.N., 424-431 Healey Building, Atlanta.

Idaho.—President, Anna Daly, 521 North 6th Street, Boise. Secretary, Emma Amack, R.N., St. Luke's Hospital, Boise. President examining board, Mrs. Mabel S. Avery, R.N., 313 South 4th Street, Boise. Secretary-treasurer, Marlet W. Sawyer, Boise.

Illinois.—President, Elizabeth M. Wright, Rockford. Secretary, Lucy Last, 2700 Prairie Avenue, Chicago. Chairman, Committee of Nurse Examiners, Adelaide M. Walsh, R.N., 153 East Chicago Avenue, Chicago. Secretary, Mrs. Julia P. Kennedy.

Indiana.—President, Edith G. Willis, R.N., Good Samaritan Hospital, Vincennes. Secretary, Bertha King, R.N., Earlham College, Richmond. President examining board, Mae D. Currie, R.N., 12 Bungalow Park, Indianapolis. Secretary, Edna Humphrey, R.N., Crawfordsville.

Iowa.—President, Ann J. Jones, R.N., 1111 11th Street, Des Moines. Recording secretary, Gyda Bates, R.N., 1527 Fourth Avenue, Cedar Rapids. President examining board, W. L. Bierring, M.D., Des Moines. Secretary, Guilford H. Summer, M.D., Capitol Building, Des Moines.

Kansas.—President, Sister Catherine Voth, Bethel Hospital, Newton. Secretary, W. Pearl Martin, R.N., 1231 Clay Street, Topeka. Treasurer, Kate Williams, R.N., Haven. President examining board, E. J. Eason, R.N., Kansas City. Secretary-treasurer, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina.

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Louisiana.—President, Mary C. Gillespie, R.N., 1517 Antonine Street, New Orleans. Secretary, Mrs. Lydia Breaux, 3709 Prytanla Street, New Orleans. President examining board, J. T. Crebbin, M.D., 1207 Maison Blanche Building, New Orleans. Acting secretary, J. S. Hebert, M.D., 1121 Maison Blanche, New Orleans.

Maine.—President, Margaret M. Dearnass, Maine General Hospital, Portland. Secretary-treasurer, Ellen F. Paine, 297 Centre Street, Bangor. President examining board, J. E. Wadsworth, M.D., Skowhegan. Secretary-treasurer, Myrtle E. Taylor, R.N., 157 Sabattus Street, Lewiston.

Maryland.—President, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore. Secretary, Mrs. Henrietta Knorr, City Health Department, Tuberculosis Division, Baltimore. President examining board, Helen C. Bartlett, R.N., 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, R.N., 1211 Cathedral Street, Baltimore.

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Minnesota.—President, Minnie F. Paterson, 1409 Stevens Avenue, Minneapolis. Secretary, Louise M. Powell, R.N., University Hospital, Minneapolis. President examining board, Ida I. C. Isaacson, R.N., 9th Avenue, South, and 8th Street, Minneapolis. Secretary, Dora M. Cornelisen, R.N., 803 Lowry Building, St. Paul.

Mississippi.—President, Katherine Kent. Secretary, Mrs. James A. Cameron, 801 Bay Street, Hattiesburg. President examining board, Mrs. James A. Cameron, 801 Bay Street, Hattiesburg. Secretary-treasurer, Mary H. Trigg, R.N., Sanitarium, Greenville.

Missouri.—President, Margaret Rogers, Jewish Hospital, St. Louis. Secretary, Janet C. Bond, City Hospital, St. Louis. President examining board, M. Anna Gillis, R.N., City Hospital, St. Louis. Secretary-treasurer, Mrs. Mary E. S. Morrow, R.N., 417 East Main Street, Jefferson City.

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Nebraska.—President, Amy Allison, Methodist Hospital, Omaha. Secretary, Edith M. Puls, R.N., 2022 North 18th Street, Omaha. President examining board, Mary Ruth Swann, R.N., State Hospital, Lincoln. Secretary-treasurer, Margaret McGreevy, R.N., Room 408 State House, Lincoln.

New Hampshire.—President, Nancy V. Curtice, R.N., 93 Warren Street, Concord. Secretary-treasurer, Mrs. Florence M. Knowles, R.N., Franklin Hospital, Franklin. President examining board, Henrietta B. Chisholm, Exeter Hospital, Exeter. Secretary, Ednah Cameron, R.N., 1 South State Street, Concord.

New Jersey.—President, Mary E. Rockhill, R.N., 754 Wright Avenue, Camden. Secretary, Annie I. Curry, 109 Essex Avenue, Orange. President examining board, Marietta B. Squire, R.N., 139 North 12th Street, Newark. Secretary-treasurer, Jennie M. Shaw, R.N., 139 North 12th Street, Newark.

New York.—President, Elizabeth E. Golding, R.N., 45 S. Union Street, Rochester. Secretary, Julia A. Littlefield, R.N., Homeopathic Hospital, Albany. President examining board, Lydia E. Anderson, R.N., 109 Green Avenue, Brooklyn. Secretary, Jane E. Hitchcock, R.N., 600 Lexington Avenue, New York.

North Carolina.—President, Eugenia Henderson, R.N., 909 West Avenue, Charlotte. Secretary, Blanch Stafford, R. F. D., Winston-Salem. President examining board, Maria P. Allen, R.N., Grace Hospital, Morgantown. Secretary-treasurer, Julia Leiby, R.N., Presbyterian Hospital, Charlotte.

North Dakota.—President, Ethel E. Stanford, 701 Fourth Street, South, Fargo. Corresponding secretary, Agnes Patterson, 816 Chestnut Street, Grand Forks. President examining board, Jennie Mahoney, R.N., 834 Belmont Avenue, Grand Forks. Secretary-treasurer, Mildred Clark, R.N., Devil's Lake General Hospital, Devil's Lake.

Ohio.—President, Jane L. Tuttle, 276 East State Street, Columbus. Corresponding secretary, Harriet L. P. Friend, State House, Columbus. Chief examiner, Harriet L. P. Friend, State House, Columbus. Secretary, Dr. H. M. Platter.

Oklahoma.—President, Mrs. Kate B. Scott, R.N., 1636 South Main Street, Tulsa. Secretary, Mrs. F. D. Bearly, R.N., 711 West 30th Street, Oklahoma City. President examining board, Lelia Hartley, R.N., 606 East Broadway, Muskogee. Secretary-treasurer, Mabel Garrison, R.N., 1701 West Fifteenth Street, Oklahoma City.

Oregon.—President, Jane V. Doyle, R.N., 674 Kearney Street, Portland. Secretary, Mary C. Campbell, Milwaukie. President examining board, Mrs. O. E. Osborne, R.N., 512 Oakdale Avenue, Medford. Secretary-treasurer, Jane V. Doyle, R.N., 674 Kearney Street, Portland.

Pennsylvania.—President, Susan C. Francis, R.N., Jewish Hospital, Logan Station, Philadelphia. Secretary-treasurer, Williamina Duncan, R.N., 322 North Craig Street, Pittsburgh. President examining board, William S. Higbee, M.D., 1703 South Broad Street, Philadelphia. Secretary-treasurer, Albert E. Blackburn, M.D., 3813 Powelton Avenue, Philadelphia.

Rhode Island.—President, Mrs. Harriet P. Churchill, 352 Broad Street, Providence. Corresponding secretary, Alida Young, Providence Lying-in Hospital, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket.

South Carolina.—President, Mary McKenna, R.N., St. Francis Infirmary, Charleston. Secretary, Antonia B. Gibson, 10 Baker Street, Sumter. Secretary, board of nurse examiners, A. Earle Boozer, M.D., Columbia.

South Dakota.—President, Mrs. Elizabeth Dryborough, R.N., Rapid City. Corresponding secretary, Nellie Card, B.M.S., Hot Springs. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, R.N., Rapid City.

Tennessee.—President, Lena A. Warner, R.N., 1003 Luttrell Street, Knoxville. Secretary-treasurer, Jeannette M. Paulus, 1003 Luttrell Street, Knoxville. President examining board, J. D. Brewer, M.D., Newbern. Secretary, Nell J. Dougherty, R.N., 408 Vauxhall Apartments, Nashville.

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**SOPHIA F. PALMER,
Editor and Business Manager.**

Sworn to and subscribed before me this 28th day of November, 1917.

**A. S. NEWELL,
Notary Public.**

[Seal]

(My commission expires March 30, 1918.)